

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Congregation (if applicable): \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dietary Restrictions: \_\_\_\_\_  
Doctors Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_  
Medications (if applicable): \_\_\_\_\_  
Allergies (if applicable): \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relation: \_\_\_\_\_

### Rules

Respect

No violence

No possession or use of alcohol or dugs

No smoking, even if over 18

No leaving boundaries without permission

No inappropriate sexual behavior

I have read and understand the rules of the Halloween Con. I understand that if my choices include breaking any of the above rules there will be consequences. A potential consequence would be that I may be asked to not participate in the next PSWD YRUU camp or conference for the next 6 months. I agree to help promote a safe and caring community.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18:

I \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, here by give consent and authority to the PSWD YRUU advisors to take any reasonable action to help ensure the safety health and welfare of my child/ward. I also give consent for any necessary emergency medical treatment if needed. I further understand that my child/ward will be required to follow the rules of the con and that any breach of these rules may result in my child/ward being disallowed to participate in the remainder of the activity. Should this happen I understand that my child/ward may be sent home at his/her own expense and may be prohibited from participating in future YRUU activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 17:

I \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ give permission for him/her to view a rated R movie at this con.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_