

July 14-19, 2024
Cost \$125

I HEART LINCOLN - STUDENT APPLICATION



STUDENT INFORMATION

To participate in I Heart Lincoln, students must have completed 6th grade.

Name: _____
(First) (Middle) (Last)

Street Address: _____
(Include Apt # or PO Box #)

Zip code: _____ Age: _____ Birth Date: _____

Grade you will be going into this 2024-2025 School Year: _____

Students Email: _____

Best Contact Phone: _____ Circle One: Mobile Home

T-shirt Size (Adult sizes): S M L XL XXL OTHER: _____

Do you have medical restrictions that we should know about? (ie: sun/heat intolerance, weight restrictions, etc.)

Do you currently hold a membership at the YMCA? Yes _____ No _____

PRIMARY GUARDIAN

First & Last Name: _____

Street Address: _____

Zip Code: _____ Best Contact Phone: _____

Relationship: _____

Email: _____

CAREGIVER CONTACT

(Only complete if different than above primary guardian)

First & Last Name: _____

Street Address: _____

Zip Code: _____ Best Contact Phone: _____

Check if the Caregiver is the emergency contact

HEALTH INFORMATION

What describes your current physical health? Excellent Good Fair Poor

Clinic/Doctor: _____ Phone #: _____

Office Address: _____

Do you have health insurance? Yes No

Insurance Company _____ Phone # _____

Medicine student will be bringing (prescribed/OTC) _____

Are all immunizations current with state requirements? Yes No If no, please explain:

Date of last medical exam? _____ Food allergies/restrictions? _____

History of: ___ Heart trouble ___ Diabetes ___ Fainting ___ Asthma ___ Allergies

___ Nose bleeds ___ Headaches ___ Other : _____

Mobility limitations _____ Disabilities _____

CODE OF CONDUCT

Put your initials next to each item if you agree:

_____ I will avoid developing a relationship with another person beyond friendship for the duration of the week.

_____ I will conduct myself in public in a way that does not demean or detract from the effectiveness of the team or local church.

_____ I will work diligently to keep the peace with other team members. I will take appropriate action (Matthew 18:15) if there is a conflict with another team member.

_____ I will attend and be punctual at all team meetings, departures, etc. so as not to compromise the team's effectiveness.

_____ I will dress according to the prescribed code at all times.

_____ I will avoid using drugs/alcohol/tobacco for the duration of the week.

_____ I will respect and obey authority.

I agree to abide by the following expectations. If I fail to conduct myself in this manner, I understand that it may result in my dismissal of participation with I Heart Lincoln.

Student Name (Please print): _____

Student Signature: _____ **Date:** _____

PARENTAL CONSENT FORM

ASSUMPTION OF RISK / LIABILITY RELEASE / MEDIA RELEASE / MEDICAL RELEASE / DISCIPLINARY AGREEMENT / TRANSPORTATION

I/We, _____ being the parents or legal guardians of _____ a minor of _____ years of age, and in consideration of the above-named child's assignment on a CP Youth outreach in Lincoln, Nebraska represent and agree that:

- We are aware of the hazards and risks to children and property associated with serving such hazards and risks including, but not limited to death, disease, or injury by accident, terrorist acts, weather conditions, and inadequate medical services and supplies. We accept our child's assignment with full risks of death, injury, illness, and damage associated with such risks.
- The above-named child may travel and serve with the I Heart Lincoln team sponsored by Christ Place Church, and I/we hereby release Christ Place Church, its agent, assigns, employees, and volunteer assistants from any liability whatsoever arising out of death, injury, illness or property damage or loss which may be sustained by said child during the week.
- I/we understand that, while the above-named child participates in any regularly sponsored I Heart Lincoln activities, he or she is responsible for abiding by the rules set forth by the sponsoring organization, its leaders, and supervisory personnel. Any serious infraction of rules and/or conduct by the child can result in dismissal from the program. In the event our child is dismissed from the program, we, the undersigned, agree to assume the cost of returning the child to his/her home. We also agree to forfeit any possible refund. (We understand that such action would only be taken under extreme circumstances and only after direct consultation with the child's pastor and parents or guardian.)
- After reading this entire form, I hereby permit my child to attend I Heart Lincoln in 2024. I further certify that everything stated in this application is correct as far as I know and Christ Place Church and its agents and employees, have permission to transport my child to such a physician and/or hospital as they may select, and to authorize and secure hospitalization, treatment, surgery, and/or medications for my child as they, or the healthcare professionals involved, may deem necessary for my child's wellbeing. I agree to hold harmless Christ Place Church, its agents, and employees, with respect hereto.
- I/we grant permission to Christ Place Church to use above named child's photo or video, and likeness for promotion by Christ Place Church for all forms, media, and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, and exhibition for an indefinite period.
- I further acknowledge that I will not be compensated for these uses and the Christ Place Church owns all rights to the images, videos, and recordings, and any derivative works created from them.

- I waive any right to inspect the uses of any printed or electronic copy. I hereby release Christ Place Church from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright. This Release expresses the complete understanding of the parties.

Student Name (Please print)

Parent Name (Please print)

Date: _____

Parent/Care Giver/Legal Guardian Signature

Relationship to minor

OVER-THE-COUNTER MEDICINE RELEASE

Student Name: _____

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

___ I approve all medications listed below ___ I do not want any OTC meds given to my student

Topical:

Oral:

___ Antibiotic Cream

___ Ibuprofen

___ Sunscreen

___ Acetaminophen/Tylenol

___ Burn Gel

___ Antihistamine

___ Eye Drops

___ Cold Medicine

___ Bug Spray

*** OTC Medications will be given at the manufacturer's recommended dosage***

MEDICATION HISTORY: Is your student allergic to any medications? _____

If yes, please list the medicine(s) and type of reaction:

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

(Signature of Parent/Care Giver/Legal Guardian)

(Date)

FINALIZING INFORMATION

*****Due to the complexity of the I Heart LNK schedule, please avoid scheduling other activities during this week!*****

To complete the application process, turn this application at the Resource Table on Wednesday nights, the CP Youth Booth in the lobby on weekends, or mail it to the address below.

After you have applied, you will receive a confirmation that your application was received, and you have been placed on a team (as there are only 100 spots available). In the case that the spots are full, you will receive your payment back.

If mailing in the application or a check, mail it to:

**Christ Place Church
Attn: I Heart LNK
1111 Old Cheney Road
Lincoln NE 68512**

I certify that the information in this application is true and I have answered each question completely. I also understand my application is subject to approval and does not ensure my participation in I Heart Lincoln.

Student Name (Please print)

Date:

Student Signature: