

Bonclarken Music Conference Registration Form for First ARP Church Members

Please submit a separate registration packet for each family member (kindergarten and older) attending music conference. You may collate the forms and submit with one check to Trip McGill PO BOX 1404, Kings Mountain, NC 28086 – PLEASE MAIL YOUR REGISTRATIONS TO TRIP!!

Name _____

Family's Primary Email Address _____

Family's Primary Phone _____ Parent's Cell Phone _____

Are you requesting housing in Carroll Cottage? YES NO Please list any non-singing children who will be accompanying you if they too need housing in Carroll Cottage _____

Registered adults and registered chaperones may access childcare for children ages 4 and younger. Would you like the children named above registered for childcare? YES NO Please indicate child's age. ____

Adults Only: I am attending Music Conference as a non-singing chaperone. YES NO

Please list any food allergies: _____

****Please note that Bonclarken Releases, Bonclarken Health Forms, and First ARP Waivers are required for all present including non-singing children, chaperones, kitchen staff, and conferees. Please submit complete paperwork with your registration.****

Please complete the following information for child and youth participants.

Check the Choir that applies: ____ Cherub Choir(rising K – 1st grades) ____ Primary Choir(rising 2nd – 3rd grades)
____ Junior Choir(rising 4th and 5th grades) ____ Middle School Choir (rising 6th – 8th grades) ____ Youth Choir
(rising 9th – 12th grades or just finished 12th grade) ____ Adult Choir

Current Grade _____ **Cell phone (if child is bringing a phone to Bonclarken)** _____

If your child is younger than 4th grade, a non-singing chaperone must accompany and supervise your child. Please provide the name of the chaperone _____

Do you grant permission for your child/ youth to ride in a car with an adult member of our church group? YES NO (Sunday night as we travel to eat dinner and Wednesday afternoon during free time)

Do you grant permission for your middle schooler/ high schooler to sightsee in downtown Hendersonville without immediate adult supervision for a specified length of time on Wednesday afternoon? YES NO

Due on or before April 27, 2020 for registration to be complete:

- A. Bonclarken Health Form
- B. Bonclarken Activity Release Form
- C. Bonclarken Media Release Form
- D. First ARP Waiver Form

E. Full Payment (checks written to First ARP Church)

Registration fee for First ARP Church Members	\$ 185
Food at Carroll Cottage: (Select one) Full meal plan: Breakfast, lunch, dinner \$45	\$ _____
Half meal plan: Lunch and dinner only \$40	\$ _____

(Half meal plans are only available to adults not staying at Carroll Cottage)

T-Shirt Order (optional; must be paid with registration) \$12 each, YS-AXL; \$15 AXXL \$ _____

Please circle size: YS YM YL AS AM AL AXL AXXL

Total \$ _____

BONCLARKEN MUSIC CONFERENCE HEALTH FORM

Please check:

CHAPERONE _____ ADULT ___ YOUTH ___ MIDDLE SCHOOL ___ JUNIOR ___ PRIMARY ___ CHERUB _____

NAME _____ BIRTH DATE ___ / ___ / ___ AGE ___ SEX ___

PARENT/GUARDIAN/SPOUSE _____

HOME PHONE (____) _____ CELL (____) _____ WORK (____) _____

HOME ADDRESS _____ CITY _____ STATE ___ ZIP _____

HOME CHURCH _____ PASTOR _____

IF NOT AVAILABLE IN CASE OF EMERGENCY, NOTIFY:

1.NAME _____ PHONE (____) _____ - _____

2.NAME _____ PHONE (____) _____ - _____

HEALTH HISTORY:

MEDICATIONS TAKEN REGULARLY _____

DATE OF LAST TETANUS SHOT _____

ALLERGIES (Please include type of reaction): _____

TREATMENT GIVEN: _____

ANY ACTIVITIES TO BE RESTRICTED _____

REASON FOR RESTRICTION _____

Insurance company and policy number _____

PERMISSION (for minor children): May the Conference Nurse or your child's advisor's give him/her the following over-the-counter medications in the dosage listed on the label, for the indications on the label? (If alternate dosages are preferred, please note them)

ADVISORS WILL BE NOTIFIED OF ANY MEDICATIONS GIVEN BY THE NURSE

TYLENOL yes / no ADVIL/MOTRIN yes / no BENADRYL (oral) yes / no

SUDAFED yes / no ANTIBIOTIC OINTMENT yes / no BENADRYL CREAM yes / no

HYDROCORTISONE CREAM yes / no

Signature of Parent/Guardian _____

In case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician selected by the conference director to hospitalize and secure proper treatment for, and order injection or anesthesia or surgery for my child as named above. I also affirm that the medical information on this form is both complete and correct.

Date _____ Signature of Parent/ Guardian _____

Bonclarken Conference Center CHILD/YOUTH RELEASE FORM (Ages 0-17 years)

FOR BONCLARKEN ACTIVITIES

In consideration of Bonclarken Conference Center, a North Carolina nonprofit corporation, its agents, officers, directors, assigns, contractors and/or employees, providing access to and equipment and services related to a variety of outdoor and water recreational activities, to enable my child to participate in recreational activities, I agree as follows:

I, _____

(PRINT YOUR FULL LEGAL NAME)

the undersigned, being an adult (age 18 or older), hereby agree that I am the legal guardian of

(PRINT CHILD'S FULL LEGAL NAME)

and hereby give my consent to Bonclarken Conference Center to allow my child to participate in any of the following recreational activities (the "Activities"):

- ropes course,
- zipline,
- giant swing,
- Leap of Faith (Pamper Pole),
- caving,
- teambuilding activities,
- paintball,
- playground activities,
- swimming,
- boating,
- archery and other sports,
- use of recreational equipment related to any recreational activities, and
- transportation to and from certain activity areas as necessary

I understand and acknowledge that there are inherent risks, dangers and hazards in my child's participation in any of the Activities; (b) my child's participation in any of the Activities may result in injury, illness or loss including, without limitation, disease, bodily injury, strains, fractures, partial or total paralysis, disability or death; and (c) these risks may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or unforeseeable risks.

I hereby assume all risks and all responsibility for any losses and/or damages in any way relating to my child's participation in the Activities.

I hereby waive, release, and discharge Bonclarken Conference Center from each and every claim whatsoever relating to my child's participation in any of the Activities, except for any claims that are the direct result of the active negligence of Bonclarken Conference Center.

I understand and agree that (a) the sole proper venue for any dispute in which Bonclarken Conference Center is a party and that may arise out of this Agreement, or otherwise relate to my child's participation in any of the Activities, shall be Henderson County, North Carolina;

(b) the dispute shall be decided, at the sole option of Bonclarken Conference Center, by litigation or arbitration. In the event that Bonclarken Conference Center elects litigation, the venue for any action shall be the Superior Court of Henderson County, North Carolina; (c) this Agreement shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT I AGREE TO RELEASE AND DISCHARGE BONCLARKEN CONFERENCE CENTER FROM ANY AND ALL LIABILITY FOR CLAIMS FOR PROPERTY DAMAGE, PERSONAL INJURY, SPECIAL DAMAGES, INCLUDING INDIRECT DAMAGES, AND WRONGFUL DEATH RELATING TO MY CHILD'S PARTICIPATION IN ANY OF THE ACTIVITIES, EXCEPT FOR ANY CLAIMS THAT ARE THE DIRECT RESULT OF THE ACTIVE NEGLIGENCE OF BONCLARKEN CONFERENCE CENTER.

Participant Name (print)

FIRST ARP CHURCH - GASTONIA

Parent/Guardian Signature Today's Date

Bonclarken Conference Center – ADULT RELEASE FORM FOR BONCLARKEN ACTIVITIES

In consideration of Bonclarken Conference Center, a North Carolina nonprofit corporation, its agents, officers, directors, assigns, contractors and/or employees, providing access to and equipment and services related to a variety of outdoor and water recreational activities, to enable me to participate in recreational activities, I agree as follows:

I,

, (PRINT YOUR FULL LEGAL NAME)

the undersigned, being an adult (age 18 or older), hereby agree that I am choosing to participate in any of the following recreational activities (the "Activities"):

- ropes course,
- zipline,
- giant swing,
- Leap of Faith (Pamper Pole),
- caving,
- teambuilding activities,
- paintball,
- playground activities,
- swimming,
- boating,
- archery and other sports,
- use of recreational equipment related to any recreational activities, and
- transportation to and from certain activity areas as necessary

I understand and acknowledge that there are inherent risks, dangers and hazards in my participation in any of the Activities; (b) my participation in any of the Activities may result in injury, illness or loss including, without limitation, disease, bodily injury, strains, fractures, partial or total paralysis, disability or death; and (c) these risks may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or unforeseeable risks.

I hereby assume all risks and all responsibility for any losses and/or damages in any way relating to my participation in the Activities.

I hereby waive, release, and discharge Bonclarken Conference Center from each and every claim whatsoever relating to my participation in any of the Activities, except for any claims that are the direct result of the active negligence of Bonclarken Conference Center.

I understand and agree that (a) the sole proper venue for any dispute in which Bonclarken Conference Center is a party and that may arise out of this Agreement, or otherwise relate to my participation in any of the Activities, shall be Henderson County, North Carolina;

(b) the dispute shall be decided, at the sole option of Bonclarken Conference Center, by litigation or arbitration. In the event that Bonclarken Conference Center elects litigation, the venue for any action shall be the Superior Court of Henderson County, North Carolina; (c) this Agreement shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT I AGREE TO RELEASE AND DISCHARGE BONCLARKEN CONFERENCE CENTER FROM ANY AND ALL LIABILITY FOR CLAIMS FOR PROPERTY DAMAGE, PERSONAL INJURY, SPECIAL DAMAGES, INCLUDING INDIRECT DAMAGES, AND WRONGFUL DEATH RELATING TO MY PARTICIPATION IN ANY OF THE ACTIVITIES, EXCEPT FOR ANY CLAIMS THAT ARE THE DIRECT RESULT OF THE ACTIVE NEGLIGENCE OF BONCLARKEN CONFERENCE CENTER.

First ARP CHURCH - GASTONIA

Participant Name (print)

GROUP

Participant Signature Today's Date

BONCLARKEN MUSIC CONFERENCE

MEDIA RELEASE FORM

FORM FOR USE UNDER AGE 18

I hereby give permission for photographs and/or video footage of my child to be used for camp/conference promotional purposes through camp brochures, Bonclarken official videos, Bonclarken Conference Center website, the ARP Synod website and Bonclarken and the Bonclarken Music Conference. I understand that at no time will my child's picture be identified by name on the websites. I do understand that only in the ARP MAGAZINE and the ARP MAGAZINE ONLINE EDITION, the publication of the ARP SYNOD, may my child be identified by name, if his/her picture happens to be taken during the conference. I also, understand that the staff of BONCLARKEN MUSIC CONFERENCE as well as the Bonclarken Conference Center Staff, will make every effort to see that the safety and privacy of my child be maintained at all times dealing with the media in the camp/conference setting.

FIRST ARP CHURCH - GASTONIA

(Conferee Name)

GROUP NAME

(PARENT/GUARDIAN SIGNATURE) required if under the age of 18

(DATE)

FORM FOR USE OVER AGE 18

I hereby give permission for photographs and/or video footage of me to be used for camp/conference promotional purposes through camp brochures, Bonclarken official videos, Bonclarken Conference Center website, the ARP Synod website and Bonclarken and the Bonclarken Music Conference. I understand that at no time will my child's picture be identified by name on the websites. I do understand that only in the ARP MAGAZINE and the ARP MAGAZINE ONLINE EDITION, the publication of the ARP SYNOD, my picture may be identified by name, if my picture happens to be taken during the conference. I also, understand that the staff of BONCLARKEN MUSIC CONFERENCE as well as the Bonclarken Conference Center Staff, will make every effort to see that my safety and privacy be maintained at all times dealing with the media in the camp/conference setting.

FIRST ARP CHURCH - GASTONIA

(Adult Name) 18 years of age and older

GROUP NAME

(DATE)