

**Assembly 2025**  
**July 14-18, 2025**

Registration Cost: \$100

Please return this form, the medical form, and payment to Kyra Anthony by **May 21<sup>st</sup>**

Please make checks out to FUMC with Assembly and your students name in the memo line

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Please check this box if your student could use coverage of registration costs.

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Preferred Roommates: \_\_\_\_\_

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Parent Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

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Anything Else I Need to Know: \_\_\_\_\_

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## **Waiver of Liability, Medical Release & Code of Conduct**

Event Name: Assembly  
Event Location: Hendrix College Conway, AR  
Event Dates: July 14 - 18, 2025

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Church Name: \_\_\_\_\_

### **Waiver of Liability**

I am the legal parent or guardian of the child or youth listed above. I hereby give my permission and full consent for my child or youth to participate in the above listed event. In consideration for my child or youth's participation in the event, I hereby release, acquit and hold harmless the Arkansas Conference of the United Methodist Church and the Arkansas Conference Council of Youth Ministries, and all of their staff, agents, servants, employees and volunteers from any and all liability for any damages of whatsoever kind, seen or unforeseen, which may at any time result to me, my child or youth, or my family on account of or in any way related to my child's or youth's participation in this event.

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

### **Medical Information and Release**

Name of Physician \_\_\_\_\_ Phone Number of Physician \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ List any Allergies \_\_\_\_\_

List of medications \_\_\_\_\_

Relevant Medical History (diabetes, epilepsy, heart murmur, etc) \_\_\_\_\_

Child's Health Insurer: \_\_\_\_\_ Address \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

I am the legal parent or guardian of the child or youth listed above. I hereby give my permission and full consent, should the necessity of medical care arise, for medical treatment or hospital services as ordered or recommended by a qualified physician or other medical care provider. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all related medical or hospital costs.

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

### **Media Consent and Code of Conduct:**

I consent to the collection and use of my personal images by photography or video recording at ACCYM events. I acknowledge these images may be used on the ACCYM and/or ARUMC websites, newsletters, publications and social media accounts. I understand that no personal information, such as names, will be used in any publications unless express consent is given.

As representatives of Christ and of The United Methodist Church, we, the participants of CCYM events, take seriously our responsibility to care for one another. This code represents affirmation of our concern for the well-being of the total community. We covenant with each other to ensure the safety of all, to make our time together most meaningful, and to care for the facility which we share.

1) Anything considered illegal under civil and criminal law in Arkansas is illegal for participants of any CCYM event. This includes drug possession and use, alcohol consumption and possession by a minor and alcohol consumption on state property, possession of firearms, weapons or fireworks, etc. Tobacco use is disallowed as well. Those 18 or older are expected to refrain from tobacco and alcohol use during the entire event.

2) Dress should be appropriate for a Christian environment.

3) All participants are expected to participate in the event in full and be at the designated places for each activity in its entirety.

4) We will respect the person, equipment and property of others as well as the public and private properties (living areas, meeting rooms, etc) in use during the event. Any accidental damage to the event facilities or property will be billed to the local church and will be the responsibility of the persons who caused the damage. Intentional damage is subject to additional penalties.

5) All social media posts, pictures, interactions regarding the event should reflect the spirit of the event and a Christ-like attitude.

6) All youth attendees who drive themselves to the event are subject to have their vehicle keys collected until the event is over.

7) Cell phones, Radios, CD players, Mp3 players, etc. may be used during free time at levels that do not disturb others and cannot be heard outside the room in which it is being played. I understand that violations of this covenant and/or other inappropriate behavior could require disciplinary action for youth and adults. Decisions about appropriate disciplinary action will be made by adult group leaders and CCYM. CCYM reserves the right to call parents or to dismiss any person who breaks this code of conduct and send them home at their own expense. I understand that neither the Arkansas United Methodist Church nor Arkansas Conference Council on Youth Ministries will be held responsible for any costs incurred due to medical treatment that is necessary nor from any damages to any property while at the event.

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

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

(If Under 18 or If 18 and Still Living With Parent or Guardian)

Parent/Guardian Cell Phone # \_\_\_\_\_