

## Turn Your Campus 2014

Turn Your Campus is a one day conference at Biola University that has impacted thousands of students across Southern California. It focuses on the needs of Junior High and High School students who are trying to reach their worlds for Christ. It provides speakers, worship, training workshops, resources and new ideas for individuals motivated by a passion for God to turn their campus for Christ. Workshops are offered for youth, teachers, and parents. Every year the students that attend learn a lot and have a great time.

**Who...**all 7<sup>th</sup> and 8<sup>th</sup> grade students are welcome, but confirmation students are strongly encouraged to attend. This event is worth 5 confirmation credits.

**When...** Saturday, January 25. Meet on the steps by Carlson Hall at 7:30am to carpool to the University. We will return at approx. 5:30pm

**Cost...**The cost is \$10.00 and includes a syllabus and lunch.

**Please Bring...**a pen and a bible

### To Register...

- 1) Please sign the parent information slip below
  - 2) Fill out and sign the attached Biola Registration form
  - 3) Turn in a check or cash for \$10
  - 4) *Turn in **both** forms and payment to Michelle Stout*
- \*all students attending must have a Student Ministries Medical Release form on file!

### Registration deadline is Jan. 19!!

If you would like to attend (and/or help with car pooling) complete the additional parent information we need.

If you have any questions please feel free to contact Tiffany Adams in the Student Ministries office at 310-521-2533 or sm@rhcc.net

---

***I understand that my child's participation in At Turn your Campus is voluntary and involves traveling to and from Biola University.***

Student's Name \_\_\_\_\_

D/C Leader \_\_\_\_\_

### For Parents:

\_\_\_\_\_ Yes, I will be attending the conference also (drivers are free, all others pay \$10).

\_\_\_\_\_ I can drive and have seatbelts for \_\_\_\_\_ students.

Parent Name \_\_\_\_\_ Phone # where I can be reached \_\_\_\_\_

Parent Signature \_\_\_\_\_

# Turn Your Campus 2014- Student Registration and Medical Release

Complete entire form and bring to event (one form per student)

Student's Name: (First): \_\_\_\_\_ (Last): \_\_\_\_\_ (M.I.): \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Phone # \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Church: \_\_\_\_\_ City: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Grade \_\_\_\_\_

Are you involved in an on-campus ministry or club? Y N Are you a leader? Y N

Club Name \_\_\_\_\_ Teacher Sponsor \_\_\_\_\_

Day/Time: \_\_\_\_\_ Meeting Room: \_\_\_\_\_

Would you like to receive more information on Biola University and it's programs? Y N

Would you like to receive info about future student leadership training? Y N

**Medical Release:** In the rare instance of a medical emergency at a Biola Youth sponsored activity in which the parents cannot be reached, we will need the following information, including the signed release below, which covers the student enrolled in the Biola Youth program of Biola University.

Insurance Provider: \_\_\_\_\_ Account # \_\_\_\_\_

Physician: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (City) \_\_\_\_\_

Physician Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is student taking any medication? Y N

Specify \_\_\_\_\_ Name of Medication \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Restriction activities / foods: \_\_\_\_\_

Local Emergency Contact: (Not Parent) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Local Emergency Contact: (Not Parent) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I (we), the undersigned parent, parents or legal guardian of the student above named, a minor, do hereby request that he / she be permitted to attend any field trips, excursions or classes given by Biola University's Biola Youth programs; should the need arise, I do hereby authorize and consent to any X-ray examination, anesthetic, and medical or surgical diagnosis rendered under the general or special supervision of any member of the medical and emergency room staff licensed under the provisions of the Medicine Practice Act, Dentist licensed under the provisions of the Dental Practice Act and the staff of any acute general hospital holding a current license to operate a hospital from the state of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care that the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable Biola University, its officers, or employees for medical aid rendered and will reimburse the University for medical or other expenses incurred in the care of my student.

This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the student listed at the top of this document. The university does not pay physician fees or medical expenses of students who are injured at Biola Youth sponsored activities.

I (we) understand that by participating in Biola Youth programs, I give permission for the publication of photographs, videos, and recordings taken during participation in Biola Youth classes and events, to be used in promotional materials. I understand that I will not be paid any royalty or other compensation; and I give up any right I may have to payment if photos, videos, or recordings are published. I agree that any such photo, video, or recording shall become the sole property of Biola University, Inc.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Parent or Legal Guardians Signature Date Printed Name Home Phone Cell Phone

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Parent or Legal Guardians Signature Date Printed Name Home Phone Cell Phone