

REGISTRATION PACK



Welcome to the CHIC 2015 Registration Pack!

This package contains all the materials you need to promote CHIC 2015 in your church, to register your adult volunteers and student attendees, and to begin planning for CHIC 2015.

Included you will find:

- Parent Information Sheet
- Group Registration Form
- Student Registration Form
- Extra Support & Special Needs Form
- Adult Applicant Instruction Sheet
- Adult Application
- Pastoral Recommendation Form

All the forms contained in this Information Pack are master copies – please duplicate as necessary. Additional copies of these forms are available for download from the CHIC 2015 website at www.chic2015.org. If you have any questions please contact your Conference/Regional Liaison (their contact information can be found in the CHIC 2015 Guidebook or at www.chic2015.org) or contact the CHIC Office at chic@covenantevents.org or 1-800-910-CHIC (2442).

NOTE: Online Registration is available for Group Registration, student demographic information, and excursions which may lessen your use of these printed forms. See the CHIC 2015 Guidebook for details.

GROUP Registration Form (Page 1 of 2)



Additional Group Registration Forms can be downloaded from www.chic2015.org

NAME OF **CHIC CONTACT** _____

CHURCH _____

CHURCH ADDRESS _____

CITY _____ STATE/PROV _____ ZIP _____

EMAIL _____ FAX _____

CONFERENCE _____ PHONE _____ CELL PHONE _____

Will your CHIC Contact be attending CHIC 2015? Yes No
If "No" who is your on-site contact?

Name _____ Mobile Phone _____

DATE OF INITIAL REGISTRATION _____ / _____ / _____
MONTH DAY YEAR

1. Make several copies of this form **after** filling out the Group Information above. You will need to fill out and submit a Group Registration Form for your INITIAL GROUP REGISTRATION and for all FOLLOW-UP ACTIONS - including any additions, substitutions, or cancellations made to an existing group registration or any payments made on outstanding balances from existing registrations.
2. Please indicate in the space below whether this is your initial GROUP REGISTRATION or a FOLLOW-UP ACTION to an existing group registration.
3. When making FOLLOW-UP ACTIONS, **only** include information for those students or adults affected by the changes or payments.
4. Use the worksheet at the bottom of this page to calculate the registration fees due with this form.
5. Cancellation requests must be made in writing, by mail (see below), fax (865-974-0264), or email (conferences@utk.edu) to the University of Tennessee. Indicate any students or adults who are canceling their registration on the reverse side of this form.
6. Return this form with the accompanying all Registration Forms and/or payments to: UT Conferences, Attn: CHIC 2015, P.O. Box 2648, Knoxville, TN 37901. Alternate carriers (FedEx, UPS, etc.), please use: UT Conferences, Attn: CHIC 2015, 600 Henley Street, Suite 212, Knoxville, TN 37902.

Initial Group Registration -OR- Follow-up Action on DATE _____ / _____ / _____

REGISTRATION FEES

Use the following worksheet to calculate registration fees due with this form.

TYPE OF REGISTRATION	POSTMARKED	# OF REGISTRANTS	RATE	SUBTOTAL
Early Bird Student (Full Payment)	Aug. 15, 2014 to Jan. 14, 2015		x \$599	
Early Bird Student (Deposit Only)	Aug. 15, 2014 to Jan. 14, 2015		x \$100	
Early Bird Student (Balance Due)	by May 15, 2015		x \$499	
Regular Student (Full Payment)	Jan. 15 to April 14, 2015		x \$649	
Regular Student (Deposit Only)	Jan. 15 to April 14, 2015		x \$100	
Regular Student (Balance Due)	by May 15, 2015		x \$549	
Late Student	April 15 to June 15, 2015		x \$699	
Adult (Full Payment)	Aug. 15, 2014 to May 15, 2015		x \$599	
Adult (Deposit Only)	Aug. 15, 2014 to April 15, 2015		x \$100	
Adult (Balance Due)	by May 15, 2015		x \$499	
TOTAL :				Add above numbers

GROUP Registration Form (Page 2 of 2): Registrant List. Include Registration Forms for all students and adults in or added to your Group Registration. Copy this sheet if you need space for additional names. We recommend that your group consist of enough same-sex counselors so that the student-to-counselor ratio is between 5:1 and 10:1. If you know who your counselors are, please include their names below. If you do not know who your counselors are, you will be able to list them later. Please indicate whether you are adding a new registration, canceling an existing registration, or making payment on an existing registration for each student listed below. For FOLLOW-UP ACTIONS, only include information for those students or adults who are affected.

CHIC CONTACT ↑ CHURCH NAME CITY STATE/PROV

STUDENTS

Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	
Student Name ↑	Age*	Entering Grade*	Gender	Applying For	Type
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only	

ADULTS

Adult Name ↑	Age*	Gender	Applying For	Type
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Counselor <input type="checkbox"/> Staff <input type="checkbox"/> Special Needs Companion	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only
Adult Name ↑	Age*	Gender	Applying For	Type
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Counselor <input type="checkbox"/> Staff <input type="checkbox"/> Special Needs Companion	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only
Adult Name ↑	Age*	Gender	Applying For	Type
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Counselor <input type="checkbox"/> Staff <input type="checkbox"/> Special Needs Companion	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only
Adult Name ↑	Age*	Gender	Applying For	Type
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Counselor <input type="checkbox"/> Staff <input type="checkbox"/> Special Needs Companion	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only
Adult Name ↑	Age*	Gender	Applying For	Type
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Counselor <input type="checkbox"/> Staff <input type="checkbox"/> Special Needs Companion	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only
Adult Name ↑	Age*	Gender	Applying For	Type
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Counselor <input type="checkbox"/> Staff <input type="checkbox"/> Special Needs Companion	<input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Payment Only

*As of September 1, 2015

STUDENT Registration Form



Parent or Guardian: Complete this form, sign it, and return it with payment (payable to your church) to the CHIC Contact at your church. Please print legibly.

STUDENT FIRST NAME* _____ LAST NAME _____

*note: as you'd like it to appear on your name tag

GENDER Female Male DATE OF BIRTH _____ / _____ / _____
MONTH DAY YEAR

GRADE student will be entering September 1, 2015* 10 11 12 Grad

*note: students must also be 15 years of age by September 1, 2015

CURRENT ADDRESS _____ HOME PHONE _____

CITY _____ STATE/PROV _____ ZIP _____

MOBILE PHONE _____ EMAIL _____

ETHNICITY (optional) Caucasian African-American Hispanic or Latino/a Asian-American
 First Nation/Native American Native Alaskan Indicate: _____

PARENT/GUARDIAN CONTACT _____ HOME PHONE _____ MOBILE PHONE _____

MEDICAL INSURANCE*

INSURANCE COMPANY NAME OR CANADIAN HEALTHCARE NUMBER ↑

INSURANCE COMPANY ADDRESS ↑

CITY ↑ STATE/PROV ZIP

PHONE ↑

NAME OF INSURED ↑

POLICY # ↑

PHYSICIAN ↑ PHONE

*In addition to your own insurance, accident insurance will be provided during the week of CHIC 2015 for students. Canadian residents should purchase travel insurance.

DENTAL INSURANCE (IF DIFFERENT THAN MEDICAL INSURANCE LISTED ABOVE)

INSURANCE COMPANY NAME ↑

INSURANCE COMPANY ADDRESS ↑

CITY ↑ STATE/PROV ZIP

PHONE ↑

NAME OF INSURED ↑

POLICY # ↑

MEDICAL INFORMATION

1. Is your son/daughter currently under the care of a physician for a medical problem? Yes No

If yes, please explain: _____

2. Is your son/daughter currently taking medication prescribed by a physician? Yes No

If yes, please list each medication and indicate whether or not it needs refrigeration:

_____ Requires Refrigeration

_____ Requires Refrigeration

_____ Requires Refrigeration

3. Please list any over-the-counter medications you do not wish dispensed to your child for treatment of minor ailments or injuries.

4. Does your son/daughter have any of the following medical conditions?

If yes, please explain any details underneath the condition.

- Chronic health problems? Yes No

- Allergies (e.g. food, bee stings, medications)? Yes No

- Program limitations (e.g. contact sports)? Yes No

- List any other information about your son/daughter that an attending physician needs to be aware of.

5. Date of Last Tetanus _____ / _____ / _____

Date of Last MMR _____ / _____ / _____

I authorize the above information:

PARENT OR GUARDIAN SIGNATURE ↑ DATE

PRINT PARENT OR GUARDIAN NAME ↑

PARENTAL CONSENT & Medical Release Form*



(Attendee's name) _____ will be attending CHIC 2015, at the University of Tennessee. As parent(s) or legal guardian(s) we (I) are confident that every measure will be taken to protect the safety of all participants. So on behalf of said attendee we (I) hereby release, forever discharge, and agree to hold harmless, the Evangelical Covenant Church, The University of Tennessee, Smoky Mountain Outdoors Rafting Company, Mountain Challenge, and the owners, directors, officers, agents, and employees and volunteers thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said attendee is participating in CHIC 2015.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, property damage and expense as a result of participation in recreation and excursion activities involved therein. Further, authorization and permission is hereby given to CHIC 2015 staff to furnish any necessary medical care, transportation, food, and lodging during CHIC 2015.

We (I) are the parent(s) or legal guardian(s) of this attendee and hereby grant permission for him/her to participate fully in CHIC 2015, and hereby give CHIC staff permission to take him/her to a doctor or hospital and authorize medical treatment. We (I) will assume all responsibility for all medical bills. I understand that if medical treatment is required we (I) will be contacted as soon as possible.

Should it be necessary for attendee to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby assume all related costs.

We (I) hereby grant permission for the Evangelical Covenant Church to publish images of activities and of this attendee for the purpose of promoting CHIC and the Evangelical Covenant Church through communications channels of the Evangelical Covenant Church. We (I) grant this permission freely without reservation.

We (I) understand that there are excursions and recreation opportunities at CHIC 2015. We (I), the parent(s) or legal guardian(s), fully understand and acknowledge that (a) outdoor recreational activities have: inherent risks, dangers and hazards that exist in use of whitewater rafting equipment, kayaking equipment, paintball equipment, mountain bikes, hiking trails, and horses, participation in horseback riding, whitewater rafting, kayaking, paintball, mountain biking, and other activities; (b) participation in such activities and/or use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, and the forces of nature or other causes; and (d) by participation in these activities and/or use of equipment, we (I) hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, and employees and volunteers, of the University of Tennessee, Smoky Mountain Outdoors Rafting, Mountain Challenge, or by any other person including the Evangelical Covenant Church.

We (I), the individual(s) and our (my) heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Evangelical Covenant Church, the University of Tennessee, Smoky Mountain Outdoors Rafting Company, Mountain Challenge, and their respective owners, directors, officers, agents, and employees and volunteers from any and all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendees use of whitewater rafting equipment, kayaking equipment, horses, paintball equipment, mountain bikes, hiking trails, or participation in whitewater rafting, kayaking, horseback riding, paintball activities, mountain biking, and hiking, and general participation at CHIC 2015.

We (I), the parent(s) or guardian(s) specifically understand that we (I) are releasing, discharging and waiving any claims or actions that we (I) may have individually or on behalf of our child or ward presently or in the future for the negligent acts or other conduct by the owners, directors, officers, agents, and employees and volunteers of The University of Tennessee, Smoky Mountain Outdoors Rafting Company, Mountain Challenge, and the Evangelical Covenant Church.

(continued on next column)

Parent /Guardian Name _____

Signature _____ Date _____

Parent /Guardian Name _____

Signature _____ Date _____

*Must be signed by both parents unless extenuating circumstances prevent it.

STANDARDS OF CONDUCT

Compliance with the following standards of conduct is expected of all students and adults at CHIC. If you fail to comply, you may be sent home from CHIC at your own expense.

1. Use and/or possession of alcohol and/or other controlled substances, fireworks, firearms, or other dangerous weapons (e.g. knives, slingshots, laser pointers, etc.) during CHIC is prohibited.
2. No student or adult may leave campus without first obtaining permission from the Information Center (except during recreation and excursion hours, 12:30 P.M.- 5:00 P.M.).
3. Evening dorm time, check-in, and lights out are strictly enforced.
4. Individuals are liable (and will be billed) for any damage they intentionally or accidentally commit to the University of Tennessee or to CHIC property.
5. Attendance is mandatory for all general sessions, base camp gatherings, small groups, and focus sessions.
6. The CHIC identification provided must be worn at all times by students and adults.
7. All students are under the supervision of their respective counselors. Counselors and residence hall supervisors have the right to confiscate, for the duration of CHIC, any items used abusively by students.
8. Male and female students may spend time together in residence hall lounges. Under NO circumstances are males allowed in residence hall rooms or on floors where females are housed, nor are females allowed in residence hall rooms or on floors where males are housed.
9. Quiet hours (12:30 A.M. - 6:30 A.M.) are to be observed in residence halls (no music, yelling, cheerleading, etc.).
10. Smoking is not permitted in any of the residence halls or UT buildings.
11. The University of Tennessee does not allow the use of in-line skates, roller blades, roller-skates, scooters, and skateboards on the campus. Bicycles are allowed on designated walkways. Skateboards and in-line skates may only be used in the Knoxville Skate Park.
12. Throwing objects from residence hall windows is a federal offense. Perpetrators are sent home at their own expense and the University of Tennessee may prosecute.
13. Please utilize all pedestrian crosswalks. Do NOT jaywalk because it provides a significant risk to your safety, given the amount of traffic that will be present during this event. Perpetrators may be fined and/or cited for refusing to use pedestrian crosswalks.

Student Name _____

Signature _____ Date _____

EMERGENCY CONTACT

In case of emergency and parent or guardian is unable to be reached, please contact:

Primary Contact _____

Phone _____

Secondary Contact _____

Phone _____

EXTRA SUPPORT & Special Needs Form (Page 1 of 2)



We respect the privacy of all participants, but we want to be prepared to offer help if needed, and to do it, it is helpful to be aware of attendees with various disabilities, those with special needs and those who might benefit from extra support or other considerations. Students requesting accommodations for special needs must submit this form with their student registration form, and will receive notification of their acceptance status and any details about a Special Needs Companion by May 28th, 2015.

GENERAL INFORMATION

The CHIC staff has a support team in place to help accommodate students with special needs. This team will make every reasonable effort to assist students with physical, mental, and/or emotional impairments who are able to function in a public school setting. All buildings and events at the University of Tennessee are handicap accessible and transportation will be available to shuttle students with special needs and their Companions to and from activities.

Churches are encouraged to send a volunteer to serve as a one-on-one Companion for any student with special needs who may require this level of assistance or supervision, and if a one-on-one Companion is not required, to plan for the necessary student support. If a church is unable to send a Companion, and if prior notification is given, a member of the CHIC special needs team may be available to serve as a one-on-one Companion for a student. Please indicate any need or plans for a one-on-one Companion below. Adults serving as Companions also need to complete a staff application form and should indicate their role as a Companion on that form.

STUDENT INFORMATION

NAME _____

GENDER Female Male

DATE OF BIRTH _____ / _____ / _____
MONTH DAY YEAR

CHURCH _____

CHURCH CITY _____ STATE/PROV _____ ZIP _____

CHIC CONTACT NAME _____

CHIC CONTACT EMAIL _____ CHIC CONTACT PHONE _____

1. Please explain the student's type(s) of disability below:

2. Please check the severity that best describes the student's condition:

Mild Mild to Moderate Moderate Moderate to Severe Severe

TRAVELING COMPANION (CHECK ONE OPTION)

This student does not require the assistance of a Companion

Our church has a Companion provided:

Companion's Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____ Email: _____

This student requires the assistance of a one-on-one Companion provided by the CHIC staff. Specific skills necessary for this Companion include:

(Form continued on reverse side)

EXTRA SUPPORT FORM (PAGE 2 OF 2)

I. MOBILITY: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

1. (a) Will the student bring a wheelchair or scooter with him/her? Yes No (if no, skip to # 5)
(b) If yes, please provide the wheelchair or scooter dimensions: _____
2. (a) Is the wheelchair motorized, therefore not requiring additional assistance? Yes No
(b) If no, is the student capable of lifting and pushing his/her own wheelchair? Yes No
(c) If no, please list the name of a traveling friend or the Companion who will provide assistance in lifting and pushing the wheelchair/scooter: _____
 Student needs a Companion appointed to help with this task
3. (a) If student is bringing a wheelchair or scooter, does it collapse? Yes No
(b) If yes, is the student able to collapse and reassemble the wheelchair/scooter without help? Yes No
(c) If no, please list the name of a traveling friend or the Companion who knows how to collapse and reassemble the wheelchair or scooter: _____
 Student needs a Companion appointed to help with this task
4. (a) Does the wheelchair or scooter require gas? Yes No
(b) Does the wheelchair or scooter require electricity? Yes No
5. If the student is not bringing a wheelchair or scooter, please describe any other mobility accommodations that he/she may need:

II. COMMUNICATION: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe the exact nature of the accommodation that might be necessary:

III. COMPREHENSION: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe the exact nature of the accommodation that might be necessary:

IV. VISION: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe the exact nature of the accommodation that might be necessary:

V. MEDICATION: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe the exact nature of any medication the student needs during CHIC:

VI. SPECIAL DIETARY REQUIREMENTS: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe the exact nature of any dietary requirements affecting the student throughout CHIC:

VII. OTHER ISSUES: (ONLY COMPLETE THIS SECTION IF THE STUDENT HAS SPECIAL NEEDS IN THIS AREA)

Please describe any other special needs the student may require while traveling to/from CHIC, or while attending CHIC:

AUTHORIZATION

Please have both the student's parent/guardian and the CHIC group leader (or, alternately, the pastor), review this form and sign off on the information provided above.

I have read and understand the above

PARENT OR GUARDIAN SIGNATURE ↑

DATE

PARENT OR GUARDIAN NAME (PLEASE PRINT) ↑

I have read and understand the above

GROUP LEADER OR PASTOR SIGNATURE ↑

DATE

GROUP LEADER OR PASTOR NAME (PLEASE PRINT) ↑

ADULT APPLICATION

Instruction Sheet



INSTRUCTIONS

- Determine if you will be applying as a Counselor or a Staff person. Counselors work with groups of 5 to 10 students (typically from their own church) to provide oversight and spiritual guidance at CHIC. Staff are assigned positions in a wide variety of roles to help provide for a successful CHIC experience for all participants [see Staff Job Description form].
- Complete the adult registration form and return it with payment (payable to your church) to the CHIC Contact at your church.
- Give a blank pastoral recommendation form to your pastor, youth pastor, or staff minister, who will be responsible for submitting the completed recommendation to the University of Tennessee. NOTE: You may not complete a pastoral recommendation form for yourself.
- In order to protect students attending CHIC, criminal backgrounds checks are required for every adult serving at CHIC. Instructions for completing this step will be provided later in the process. If we have record that you completed a criminal background check as part of the adult application process for CHIC 2012 you do not need to complete another criminal background check for CHIC 2015.
- Your registration will not be complete until the University of Tennessee has received your application, payment, pastoral recommendation, and you have passed a criminal background check. Those applying for a Staff position at CHIC 2015 will complete their registration process online. After UT has received your application you will be sent instructions to complete the application process online. Counselors are not required to complete the online portion of the application.
- You will only be notified if your application is not accepted. If your application is not accepted, you will be notified, and a full refund of all payments received will be sent to your church.
- Registration fees must be paid through the church, using a church check.
- You are responsible for arranging your own transportation. Contact your Conference/Regional Liaison for more information about transportation efforts within your conference.
- Applicants needing financial assistance should inquire within their home church or Conference/Regional Office.

QUALIFICATIONS

- Counselors must be at least 21 years of age by September 1, 2015.
- Staff must be at least 19 years of age by September 1, 2015.
- Special Needs Companions must be at least 19 years of age by September 1, 2015.
- Applicants must be able to articulate their faith in Jesus Christ and be willing to readily share that faith commitment with others.
- Applicants must have a heart for young people. Current participation in youth ministry will be considered in the selection process.
- Applicants must be willing to operate within the guidelines and framework of CHIC 2015.

REQUIREMENTS (FOR ALL ACCEPTED ADULTS)

- For both quality assurance and liability issues, every adult attending CHIC 2015 must complete Adult Orientation and Training. Specific details concerning Adult Orientation and Training will be included in further publications and available through your Conference/Regional Liaison.
- Collegians and those living outside of your home conference should apply in the conference where you are best known by pastors, youth pastors, and conference personnel.
- Staff should come to CHIC 2015 prepared to serve in any area of need. You will be scheduled to work at least 2 of the 4 available shifts each day. Available shifts are morning, afternoon, evening, and night.

FEES AND DEADLINES

Adults may choose to pay their registration fees according to the following options:

Option 1	Payment in full, postmarked by May 15, 2015	\$599
Option 2	Non-refundable deposit, postmarked by April. 14, 2015	\$100
	Balance postmarked by May 15, 2015	\$499

After May 15, 2015, adult applications will be accepted on an as needed basis.

CHECKLIST FOR COMPLETING YOUR APPLICATION (FOR YOUR OWN PERSONAL REFERENCE)

Name _____

Church _____

- Pastoral recommendation form given to your pastor, youth pastor, or staff minister. Date _____
- Completed adult registration form and registration payment (payable to your church) given to the CHIC Contact at your church. Date _____ Check # _____
- Pastoral recommendation form sent to the University of Tennessee. Date _____

All registration fees must be paid made using a church check, payable to "The University of Tennessee."
Personal checks will not be accepted.

ADULT

Application (Page 1 of 2)



- Complete both sides of this form and return it with payment (payable to your church) to the CHIC Contact at your church.
- Give a blank pastoral recommendation form to your pastor, youth pastor, or staff minister.

Due to the volume of information needed from each Adult Applicant, all Adults must complete this form in its entirety regardless of online registration options. Your registration will not be complete until the University of Tennessee has received your application, payment, and pastoral recommendation, and we have record that you have passed a criminal background check.

NAME _____

GENDER: Female Male D.O.B. _____ / _____ / _____
MONTH DAY YEAR

CURRENT ADDRESS ↑ _____

CITY ↑ _____ STATE/PROV _____ ZIP _____

HOME PHONE ↑ _____

EMAIL ADDRESS ↑ _____

SUMMER ADDRESS ↑ _____

CITY ↑ _____ STATE/PROV _____ ZIP _____

SUMMER PHONE ↑ _____

CHURCH ↑ _____

CHURCH ADDRESS ↑ _____

CITY ↑ _____ STATE/PROV _____ ZIP _____

CONFERENCE Alaska Canada Central East Coast
 Great Lakes Midwest Midsouth North Pacific
 Northwest Pacific Southwest Southeast Other

ETHNICITY (optional) African-American Asian-American
 Caucasian First Nation/Native American
 Hispanic or Latino/a Native Alaskan
 Indicate: _____

Please list your significant ministry experience:

POSITION ↑ _____ DATES _____

CHURCH/ORGANIZATION ↑ _____ AGE GROUP _____

CITY ↑ _____ STATE/PROV _____ ZIP _____

RESPONSIBILITIES ↑ _____

POSITION ↑ _____ DATES _____

CHURCH/ORGANIZATION ↑ _____ AGE GROUP _____

CITY ↑ _____ STATE/PROV _____ ZIP _____

RESPONSIBILITIES ↑ _____

MOBILE PHONE _____

How did you become a Christian and in what ways have you been growing spiritually over the last six months? If you need additional space, please use a second sheet of paper.

Why are you interested in serving at CHIC 2015?

Are there any physical or personal lifestyle factors that might impede your full participation while at CHIC? (physical limitations, medical needs, personal preferences, etc.) Yes No

If yes, please explain:

Have you at any time ever:

Been arrested for any reason? Yes No

Been convicted of, or pleaded no contest to, any crime? Yes No

Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

Any traits or tendencies of yours that could pose a threat to children, youth, or others? Yes No

Any reason why you should not work with children, youth, or others? Yes No

Explain in detail any "yes" responses to the above questions:

(Continued on reverse)

ADULT APPLICATION FORM (PAGE 2 OF 2)

NAME _____

GENERAL INFORMATION

What is your preferred position?

- Counselor Staff Support & Special Needs Companion

If your preferred position is Counselor, are you willing to serve as Staff if needed? Yes No

If your preferred position is Staff, are you willing to serve as a Counselor if needed? Yes No

Have you already been recruited by CHIC staff to volunteer in a non-counselor position? Yes No

If yes, in what position? _____

By whom? _____

If you have not already been recruited by CHIC staff to volunteer in a non-counselor position, what is your preferred position as listed on the staff job decription page? _____

Are you registering as a Companion to a student who requires extra support or who has special needs? Yes No

If so, what is the student's name? _____

Emergency Contact

In case of emergency, please contact:

PRIMARY CONTACT ↑

PHONE ↑

SECONDARY CONTACT ↑

PHONE ↑

INSURANCE PROVIDER ↑

POLICY # ↑

STATEMENT OF CONSENT AND MEDICAL RELEASE

The information contained in this application is correct to the best of my knowledge. I agree to be bound by the constitution, bylaws and policies of the Evangelical Covenant Church in the performance of my services on behalf of the church. I have read and will comply with the pre-CHIC requirements, the CHIC policies, and the job description for any role(s) that I fill for CHIC. I understand that a criminal background check is required of all adults attending CHIC. I agree to perform a criminal background check as part of the required Adult Orientation and Training. If I fail to complete the criminal background check I understand that I will not be allowed to serve at CHIC 2015. A criminal background check is not required if I performed a criminal background check as part of my application process for CHIC 2012.

I intend to attend CHIC 2015 at the University of Tennessee. I am confident that every reasonable measure will be taken to protect the safety of all participants. I hereby release, forever discharge, and agree to hold harmless, the Evangelical

(continued on next column)

Covenant Church, the University of Tennessee, Smoky Mountain Outdoors Rafting Company, Mountain Challenge, and the owners, directors, officers, agents, and employees and volunteers thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said attendee is participating in CHIC 2015.

Furthermore, I hereby assume all risk of personal injury, sickness, death, property damage and expense as a result of participation in recreation and excursion activities involved therein. Further, authorization and permission is hereby given to CHIC 2015 staff to furnish any necessary medical care, transportation, food, and lodging during CHIC 2015.

I hereby give CHIC staff permission to take me to a doctor or hospital and authorize medical treatment. I will assume all responsibility for all medical bills.

Should it be necessary for me to be sent home for medical reasons, disciplinary reasons, or otherwise, I hereby assume all related costs.

I hereby grant permission for the Evangelical Covenant Church to publish my image for the purpose of promoting CHIC and the Evangelical Covenant Church through communications channels of the Evangelical Covenant Church. I grant this permission freely without reservation.

I understand that there are excursions and recreation opportunities at CHIC 2015. I fully understand and acknowledge that (a) outdoor recreational activities have: inherent risks, dangers and hazards that exist in use of whitewater rafting equipment, kayaking equipment, paintball equipment, mountain bikes, hiking trails, and horses, participation in horseback riding, whitewater rafting, kayaking, paintball, mountain biking, and other activities; (b) participation in such activities and/or use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, and the forces of nature or other causes. and (d) by participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, and employees and volunteers, of Smoky Mountain Outdoors Rafting Company, Mountain Challenge, the University of Tennessee or by any other person including the Evangelical Covenant Church.

I, along with my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Evangelical Covenant Church, the University of Tennessee, Smoky Mountain Outdoors Rafting Company, Mountain Challenge, and their respective owners, directors, officers, agents, and employees and volunteers from any and all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendees use of whitewater rafting equipment, kayaking equipment, horses, paintball equipment, mountain bikes, hiking trails, or participation in whitewater rafting, kayaking, horseback riding, paintball activities, mountain biking, and hiking, and general participation at CHIC 2015.

I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, directors, officers, agents, and employees and volunteers of the University of Tennessee, Smoky Mountain Outdoors Rafting Company, Mountain Challenge, and the Evangelical Covenant Church.

PRINT NAME _____

SIGNATURE _____

SIGNATURE DATE _____

PASTORAL Recommendation Form



Adult Applicant: Please fill in only the upper section of this form, apply proper postage to the reverse side, and then give it to your pastor, youth pastor, or staff minister to complete and return to the University of Tennessee.
 ADULT APPLICANT NAME _____ DATE FORM GIVEN TO PASTOR _____

- I am applying for the following position at CHIC 2015:
- Counselor (Must be at least 21 years old by Sept. 1, 2015, and will have direct responsibility for students)
 - Staff (Must be at least 19 years old by Sept. 1, 2015, and will serve in various support roles at CHIC)
 - Extra Support & Special Needs Student Companion (Must be at least 19 years old by Sept. 1, 2015, and will provide one-on-one companion support for a student with special needs. The student I am supporting is: _____)

Pastor, Youth Pastor, or Staff Minister: Please complete this form and return it directly to UT by April 13, 2015. Pastoral recommendations and criminal background checks must be completed for every CHIC adult applicant.

The pastoral reference is critical to the selection process of adults at CHIC 2015. We rely heavily on your personal knowledge and recommendation of the applicant. Please answer all questions candidly and honestly. Be aware that sometimes adult applicants are asked to serve in various roles that differ from the position that they originally apply for. The information provided on this recommendation is confidential. Please print legibly.

1) How long have you known this person? _____
 In what capacity? _____

2) Please rate the applicant's abilities in each the following areas to the best of your knowledge (1=weak, 3=moderate, 5=very strong).

	1	2	3	4	5
PHYSICAL CAPABILITIES					
Ability to function capably under the rigors of a busy and active schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIPS					
Ability to communicate and work well with youth and other adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well and initiate relationships with new people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with and care for people who are different from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKILLS AND WORK HABITS					
Is self-motivated, requiring little supervision to complete an assigned task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work effectively as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to show respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL / PERSONAL MATURITY					
Conveys an open and teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gives witness of personal faith in Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal lifestyle is consistent with Christian standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has generally high self esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays high moral and ethical standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR COUNSELORS ONLY					
Ability to relate effectively with high school students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to lead and facilitate small group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be assertive when discipline is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to articulate his/her faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3) Please select the statement(s) below that best summarizes your assessment of the applicant.
- This person has much to offer as a Counselor of a group of students, and I highly recommend this person for that role.
 - This person has much to offer as a member of the Staff team, and I highly recommend this person for that role.
 - This person has much to offer as a Companion, and I highly recommend this person for that role.
 - I have reservations about recommending this person to serve at CHIC 2015 for the following reasons:
 - I do not recommend this person as staff serving at CHIC 2015 in any role.

4) Do you have any other comments that may be useful to the assessment and placement process?

Signature _____ Date _____

Name _____ Position _____

Church _____

Church Address _____ Church Phone # _____

Please fold and staple so the address below is facing out, and mail directly to the University of Tennessee.

Don't forget proper postage!

UT Conferences
ATTN: CHIC 2015
PO Box 2648
Knoxville TN 37901-2648

Postage

EARLY ARRIVAL

Housing Form



If your group or part of your group plans to arrive early, housing will be provided for only ONE night prior to the start of the event; housing will be available Saturday, July 11, 2015. No housing will be available after the event. All groups must check out by 10:00 a.m. on Friday, July 17, 2015. Meals are NOT included but local cash options will be available.

Deadline for submission of this form: June 15, 2015

NAME OF CHIC CONTACT _____

CHURCH _____

CHURCH ADDRESS _____

CITY _____ STATE/PROV _____ ZIP _____

EMAIL _____ FAX _____

PHONE _____ TODAY'S DATE ____ / ____ / ____

CONFERENCE Alaska Canada Central East Coast Great Lakes Midwest
 Midsouth North Pacific Northwest Pacific Southwest Southeast

ENTIRE GROUP ARRIVING 1 DAY EARLY
 (Saturday, July 11, 2015)

of participants x \$30 per person = total amount due
 _____ x \$30 = \$ _____

PARTIAL * GROUP ARRIVING 1 DAY EARLY
 (Saturday, July 11, 2015)

* Note: an adult MUST accompany the group

of participants x \$30 per person = total amount due
 _____ x \$30 = \$ _____

For PARTIAL GROUPS, list names of those arriving early:

1. _____ 6. _____
 2. _____ 7. _____
 3. _____ 8. _____
 4. _____ 9. _____
 5. _____ 10. _____

NOTE: If additional space is needed for more names please use the back of this form.

PAYMENT INFORMATION

Total Payment Enclosed: \$ _____ Check #: _____

Payment for early arrival housing must be sent in the form of ONE CHURCH CHECK at the time the early arrival form is submitted. Make checks payable to: THE UNIVERSITY OF TENNESSEE.

Please return this form to:

US Mail:
 UT Conferences
 ATTN: CHIC 2015
 PO Box 2648
 Knoxville TN 37901

Alternate Couriers:
 UT Conferences
 ATTN: CHIC 2015
 600 Henley Street, Suite 212
 Knoxville TN 37902

AIRPORT Transportation Form



Deadline for submission of this form: June 15, 2015

Please complete this form in order to sign up for airport transportation for your group. Transportation to and from Knoxville's McGhee Tyson Airport (TYS) is included in your registration fee. Transportation to and from Nashville's International Airport (BNA) or Atlanta's Hartsfield International Airport (ATL) is an additional fee per person round trip, see below for pricing. Groups flying into Nashville or Atlanta should have a minimum group size of 7 people.

NAME OF CHIC CONTACT _____

CHURCH _____

CHURCH ADDRESS _____

CITY _____ STATE/PROV _____ ZIP _____

EMAIL _____ FAX _____

PHONE _____ TODAY'S DATE ____ / ____ / ____

CONFERENCE Alaska Canada Central East Coast Great Lakes Midwest
 Midsouth North Pacific Northwest Pacific Southwest Southeast

FLIGHT ARRIVAL INFORMATION Arriving July 11-12 only

FLYING TO: Knoxville (TYS) Nashville (BNA) Atlanta (ATL)

OF PEOPLE IN YOUR GROUP _____

DATE OF ARRIVAL: Sat July 11 Sun July 12 TIME OF ARRIVAL _____

AIRLINE _____ FLIGHT NUMBER _____

Groups will be met in the Baggage Claim area

FLIGHT DEPARTURE INFORMATION Departing July 17 only

FLYING FROM: Knoxville (TYS) Nashville (BNA) Atlanta (ATL)

OF PEOPLE IN YOUR GROUP _____ TIME OF DEPARTURE _____

AIRLINE _____ FLIGHT NUMBER _____

Groups will be given return pick-up location and departure time at check-in

PAYMENT INFORMATION

Airport	Number of People	Roundtrip Fee Per Person	Total Due
Knoxville (TYS)	If flying in to/out of Knoxville there is no charge. However, groups must still submit this form in order to arrange transportation.		
Nashville (BNA)		x \$75 =	
Atlanta (ATL)		x \$99 =	

Payment for Nashville or Atlanta round trip transportation must be made at the time this form is submitted and MUST be in the form of ONE church check. Checks should be payable to: The University of Tennessee.

TOTAL PAYMENT ENCLOSED _____ CHECK # _____

Please return this form (with payment if applicable) to:

US Mail: UT Conferences, Attn: CHIC 2015, PO Box 2648, Knoxville, TN 37901

Alternate Couriers: UT Conferences, Attn: CHIC 2015, 600 Henley Street, Suite 212, Knoxville, TN 37902

FORMA DE REGISTRO de Estudiante



Complete este formulario, fírmalo, y devuélvalo con un pago (pagado a la iglesia) al contacto de CHIC de tu iglesia. Por favor escribe de forma legible..

NOMBRE DE ESTUDIANTE* _____ APELLIDO _____

*Nota: los estudiantes deben haber cumplido sus 15 años de edad para septiembre 1, 2015

SEXO Femenino Masculino FECHA DE NACIMIENTO _____ / _____ / _____
MES DÍA AÑO

CURSO del estudiante desde el 1 de Septiembre, 2015* 10 11 12 Grad

*note: students must also be 15 years of age by September 1, 2015

DIRECCIÓN ACTUAL _____ TELÉFONO DE LA CASA _____

CIUDAD _____ ESTADO _____ C.P. _____

TELÉFONO CELULAR _____ CORREO ELECTRÓNICO _____

PERTENECIA ÉTNICA (opcional) Anglo Sajón Africano-Americano Hispano/Latino Asiático-Americano
 Primera Nación/Nativo Americano Originario de Alaska Otro: _____

PADRE/CONTACTO AUTORIZADO _____ TELÉFONO DE LA CASA _____ CELULAR _____

SEGURO MÉDICO*

NOMBRE DE SEGURO O # MEDICO DE CANADA ↑ _____

DIRECCION DE COMPAÑÍA DE SEGURO ↑ _____

CIUDAD ↑ ESTADO C.P. _____

TELEFONO ↑ _____

NOMBRE DE ASEGURADO ↑ _____

DE POLIZA ↑ _____

MEDICO ↑ TELEFONO _____

*Además de su propio seguro, un seguro de accidente será proveído durante la semana de CHIC. Los residentes de Canadá deben comprar seguro viajero.

SEGURO DENTAL (SI ES DIFERENTE A LA INFORMACIÓN PREVIA)

NOMBRE DE SEGURO ↑ _____

DIRECCION DE COMPAÑÍA DE SEGURO ↑ _____

CIUDAD ↑ ESTADO C.P. _____

TELEFONO ↑ _____

NOMBRE DE ASEGURADO ↑ _____

DE POLIZA ↑ _____

INFORMACIÓN MÉDICA

1. ¿Está su hijo/hija bajo el cuidado médico por algun problema médico? Si No

Si respondió si, por favor explique: _____

2. ¿Está su hijo/hija tomando algún medicamento recetado por

CHIC es una conferencia trienal para estudiantes en la preparatoria (grados 9-12) y es patrocinado por la Iglesia del Pacto Evangélico

su médico? Si No

Si respondió si, por favor anote los medicamentos e indique si requieren refrigeración:

_____ Requiere Refrigeración

_____ Requiere Refrigeración

_____ Requiere Refrigeración

3. Por favor indique la medicina que no desea que su hijo/hija tome si recibe lesiones o enfermedades ligeras.

4. ¿Tiene su hijo/hija alguna de las siguientes condiciones médicas?

Si respondió si, por favor explique cualquier detalle que tenga la condición.

- ¿Problemas de enfermedad crónica? Si No

- ¿Alergias (ej. comida, picadas de abeja, medicamento)?
 Si No

- ¿Limitaciones físicas (ej. deportes de contacto)?
 Si No

- ¿Hay información que nuestro médico debe saber sobre su hijo/hija? Si No

Si respondió si, por favor explique

5. Fechas recientes de las siguientes vacunas:

Vacuna contra de tétano _____ / _____ / _____

Vacuna SPR (triple vírica) _____ / _____ / _____

Yo autorizo la información anterior:

FIRMA DEL PADRE O DE LA PERSONA AUTORIZADA ↑ _____ FECHA _____

NOMBRE DEL PADRE O DE LA PERSONA AUTORIZADA ↑ _____

CONSENTIMIENTO y Descargo de Estudiante*



(Nombre del estudiante) _____ estará atendiendo CHIC 2015, en la Universidad de Tennessee (University of Tennessee). Como padre, madre, guardián estoy seguro que todo lo posible será hecho para proteger a los estudiantes. De parte de dicho estudiante, descargo, y acuerdo a mantener libre de culpa a EVANGELICAL COVENANT CHURCH, The University of Tennessee, Smokey Mountain Outdoors Rafting Company, Mountain Challenge, y a sus dueños, directores, oficiales, agentes, empleados, y voluntarios de toda responsabilidad, peticiones o demandas hechas por lesiones personales, enfermedad o muerte, daño a propiedad y costos, de cualquier naturaleza que pueda sucederle al infrascrito mientras este participando en CHIC 2015.

Además, asumo todo riesgo de lesiones personales, enfermedades, muerte, daños y costos que pueden resultar de la participación en las recreaciones y excursiones. Doy la autoridad y permiso a CHIC 2015 de procurar transporte, comida y estancia durante CHIC 2015. Le doy permiso al infrascrito de participar completamente en CHIC 2015, y le concedemos permiso al personal de CHIC de llevarlo a un doctor o hospital y autorizamos tratamiento incluyendo, pero no limitado a, cirugía de emergencia o rayos x. Asumimos toda responsabilidad por los costos médicos, si hay. Entiendo que si se requiere tratamiento médico será informado lo más pronto posible.

Si es necesario mandar de regreso a casa al estudiante por razones médicas o de disciplina, asumo toda responsabilidad de los costos.

Le damos permiso a Evangelical Covenant Church para publicar imágenes de actividades y del participante para promover CHIC por canales de comunicación de CHIC de Evangelical Covenant Church. Doy este permiso libremente y sin reserva.

Entendiendo que hay excursiones y oportunidades de recreación en CHIC 2015. Entiendo y reconozco completamente que las actividades de recreación al aire libre tienen: (a) riesgos y peligros, y los peligros inherentes existen por el uso del equipo de navegar en rapido, equipo kayaking, equipo del paintball, bicis de montaña, yendo de excursión, y participación en actividades de navegar en rapido; (b) la participación en tal actividades y/o uso de tal equipo puede dar lugar a lesiones o enfermedad incluyendo, pero no limitado a lesión corporal, enfermedad, a tensiones, a fracturas, a parálisis parcial y/o total, a muerte o otras dolencias que podrían causar inhabilidad seria; (c) estos riesgos y peligros se pueden causar por la negligencia de los participantes, la negligencia de otras, los accidentes, aberturas del contrato, una reacción imprevisible o inesperada de un animal, y la fuerzas de la naturaleza y otras. Los riesgos y peligros pueden ser por causas previsibles incluyendo, pero no limitado a, una decisión del guía, por ejemplo el guía puede juzgar mal el terreno, tiempo, localización de la ruta de la excursión del río, y el nivel del agua, riesgos de caer de la balsa, canoa o kayak y de ahogarse, riesgos y peligros que sean integrales a las actividades de recreación que ocurren en un ambiente al aire libre o de recreación; y (d) por la participación en estas actividades y/o uso del equipo, (i) asumimos por este medio todos los riesgos y los peligros y toda la responsabilidad de cualquier pérdida y/o daños, causados en entero o en parte por la negligencia o conducta de los dueños, de los agentes, de los oficiales, o de los empleados de Smokey Mountain Outdoors Rafting, Cades Cove Riding Stables, por cualquier otra persona incluyendo Evangelical Covenant Church.

De parte de mis representantes personales y mis herederos, acuerdo de forma voluntaria descargar, no encontrar culpa, defender e indemnizar a Evangelical Covenant Church, The University of Tennessee, Smokey Mountain Outdoors Rafting, Mountain Challenge, y a sus dueños, agentes, oficiales y empleados de todas demandas, acciones o perdidas por lesiones físicas, daño a propiedad, muerte, perdida de servicio que provenga del uso que haga el participante del equipo de whitewater, equipo kayaking, equipo del paintball, bicis de montaña, yendo de excursión, y participación en actividades de whitewater.

Entiendo que estoy descargando y negando cualquier demandas que tenga individualmente o de parte de mi hijo/hija ahora o en el futuro por acciones negligentes u otras conductas de los dueños, agentes, oficiales o empleados de Smokey Mountain Outdoors Rafting, Mountain Challenge, y Evangelical Covenant Church.

(Continúa en la próxima columna)

NOMBRE del padre o de la persona autorizada _____
 Firma _____ Fecha _____
 NOMBRE del padre o de la persona autorizada _____
 Firma _____ Fecha _____

*Debe ser firmada por ambos padres, al menos que circunstancias atenuantes impiden.

CONTRATO DE CONDUCTA

La conformidad con los estandartes siguientes de conducta se espera de todos los estudiantes y personal en CHIC. Si no puedes conformarte, serás enviado a casa con la responsabilidad de los gastos.

1. Es prohibido el uso y/o posesión del alcohol y/o de otras sustancias controladas, de fuegos artificiales, de armas de fuego, o de otras armas peligrosas (ej., Cuchillos, slingshots, indicadores del láser, etc.).
2. Ningún estudiante o personal puede salir del sitio sin primero obtener permiso del centro de información (excepto durante horas de recreación y de excursión, 12:15 P.M.- 5:30 P.M.).
3. El tiempo de dormitorio y luces fuera es estrictamente seguido.
4. Individuos son responsables (y serán cobrados), por daños que hayan hecho intencionadamente y accidentalmente a la propiedad de la Universidad o de CHIC.
5. Es mandatorio asistir a toda sesión general, grupos pequeños, y sesiones de enfoque.
6. La identificación de CHIC proporcionada se debe usar siempre por los estudiantes y personal.
7. Todos los estudiantes están bajo supervisión de sus consejeros respectivos. Los consejeros y los supervisores del pasillo de la residencia tienen el derecho de confiscar, durante la duración de CHIC, cualquier artículo usado de forma incorrecta por los estudiantes.
8. Los estudiantes ambos de ambos sexos pueden pasar el tiempo juntos en salones del pasillo de la residencia. Bajo NINGUNA circunstancia puede un hombre entrar a los cuartos del pasillo o en los pisos donde se hospeden las mujeres. Ni una mujer puede entrar a los cuartos del pasillo o en los pisos donde se hospeden los hombres.
9. Las horas de silencio (medianoche - 6:30), deben ser observadas en los pasillos de la residencia (música, griterío, cheerleading, etc.).
10. Fumar no se permite en cualquiera de los pasillos de la residencia o en los edificios de UT.
11. No se permiten patines, rollerblades, y patinetas dentro de la Universidad de Tennessee (University of Tennessee). Las bicicletas se permiten en las calzadas señaladas.
12. Lanzar objetos de ventanas del pasillo de la residencia es una ofensa federal. Como castigo pueden ser enviados a casa y la Universidad de Tennessee (University of Tennessee) puede levantar cargos.
13. Favor de utilizar los pasos peatonales. No cruces por otro lado dado que proporciona un riesgo significativo a tu seguridad dada la cantidad de tráfico que estará presente durante este acontecimiento. Hay multa por no usar los pasos peatonales.

Nombre del Estudiante _____
 Firma _____ Fecha _____

CONTACTO DE EMERGENCIA

En caso de emergencia en el que no sea posible conseguir al padre o la persona autorizada, por favor contáctese con:

Contacto principal _____
 Teléfono _____
 Contacto secundario _____
 Teléfono _____

PAGINA DE Información Para Los Padres



CHIC es una conferencia para estudiantes de secundaria que se lleva a cabo cada tres años y es respaldada por el Hacer y Edificar Discipulos en el area de ministerio de la Iglesia del Pacto Evangélico. CHIC se realizará en Knoxville en la Universidad de Tennessee desde el domingo 15 hasta el viernes 20 de julio del 2015. Miles de jóvenes provenientes de todas partes de Los Estados Unidos, Canadá y de otras partes del mundo se reunirán por una semana para divertirse, hacer nuevos amistades, y adorar a Dios.

PROPÓSITO DE CHIC 2015

CHIC existe para:

- ser un catalizador que inspira a un cambio de acuerdo a la semejanza de Cristo
- desafiar a los estudiantes a tener un sentido de pertenencia con algo mucho más grande
- inspirar a los participantes en su caminar con Cristo

Por medio de CHIC, queremos que los estudiantes

- sean una comunidad centrada en Cristo
- tengan un sentido de seguridad en su relación con Cristo (Romanos 8:38-39)
- se comprometan a hacer justicia, amar misericordia, y a caminar humildemente delante de Dios. (Miqueas 6:8)

CHIC se compromete a:

- estar disponible para cada estudiante del Pacto
- crear un legado duradero
- enfocarse en lo relevante para esta generación
- desarrollar con excelencia todas sus áreas
- reconocer y respetar lo particularidad de cada individuo
- proveer un espacio para que cada joven tenga una experiencia inolvidable

¿QUIENES PUEDEN ASISTIR?

Estudiantes de la secundaria pueden asistir a CHIC si:

- han pasado el grado 9, 10, 11, o 12 en el año escolar del 2014-2015, y
- han cumplido por lo menos 15 años de edad a partir del 1 de septiembre, 2015.

Al equipo de CHIC le gustaría acomodar a todo estudiante y hará todo el esfuerzo posible para incluir estudiantes con impedimentos físicos, mentales, y emocionales que pueden funcionar en un ambiente de escuela pública. Cada estudiante con necesidades especiales debe tener un acompañante adulto que tenga por lo menos 19 años. El acompañante adulto necesita completar una aplicación personal y asistir al proceso de entrenamiento. Si es necesario, el equipo de CHIC puede estar disponible para servir como acompañante para estudiantes con necesidades especiales. Todos los edificios y eventos en la Universidad de Tennessee son accesibles para personas con discapacidades y habrá movilización para estudiantes y adultos con estas necesidades. Por favor completa el formulario de Necesidades Especiales (Special Needs Form) incluido en el Paquete de información para que podamos proveer el mejor cuidado posible.

CÓMO REGISTRARSE?

Para registrar a su joven para CHIC 2015, llene el formulario de registro disponible de su contacto de CHIC de su iglesia local o puede bajar el formulario de la página la red de CHIC,

www.chic2015.org. En algunas iglesias este contacto es el pastor o pastor de jóvenes, en otras iglesias puede ser un voluntario o el padre de un joven.

Devuelva el formulario de registro con su pago, hecho a nombre de su iglesia local, al contacto de CHIC de su iglesia local. Su contacto de CHIC entregará los formularios de su iglesia como grupo a University of Tennessee.

PAGOS DE REGISTRO

Tipo de registro	Abierto	Cerrado	Costo
Pago completo registro temprano	15 de agosto de 2014	14 de enero de 2015	\$599
Depósito registro temprano	15 de agosto de 2014	14 de enero de 2015	\$100
Balance registro temprano		15 de mayo de 2015	\$499
Registro regular	15 de enero de 2015	14 de abril de 2015	\$649
Depósito registro regular	15 de enero de 2015	14 de abril de 2015	\$100
Balance registro regular		15 de mayo de 2015	\$549
Registro tardío ¹ estudiante	15 de abril de 2015	15 de junio de 2015	\$699
Registro-adulto Pago completo	15 de agosto de 2014	15 de mayo de 2015	\$599
Depósito-adulto	15 de agosto de 2014	14 de abril de 2015	\$100
Balance-adulto		15 de mayo de 2015	\$499

¹No se aceptarán registros de los estudiantes después del 15 de junio de 2015

Si un estudiante registrado no puede asistir a CHIC 2015, se puede sustituir por otro estudiante. Este cambio debe ser entregado por escrito a University of Tennessee; los nuevos estudiantes deberán traer el formulario de registro y el pago con esta notificación por escrito.

¿PREGUNTAS?

Vea la página de la red de CHIC en www.chic2015.org o hable con el contacto de CHIC de su iglesia local. Si usted no pertenece a una iglesia del Pacto o si su iglesia no va mandar un grupo, por favor hable con el contacto de CHIC de su conferencia o región. Esta información se encuentra en la página de la red de CHIC en www.chic2015.org/contact, o escriba a chic2015@covenantevents.org o llame 1-800-910-CHIC (2442).

