



'AHA PAE'ĀINA YOUTH EVENT

HO'ĀLA HOU AWAKEN AGAIN



FOR
YOUTH
IN GRADES
6-12



JUNE
13-16
2024



CONNECT • WORSHIP • PLAY • CREATE • SERVE • GROW

We're so excited to finally meet in person again!
Come make new friends as we "hit refresh" and reconnect with
our Hawai'i Conference 'ohana... it won't be a party without YOU!

At **Central Union Church**
& **Kaumakapili Church** in Honolulu
*For youth entering 6th grade –
finishing 12th grade*

Cost: \$50
Register by **May 13**
Scholarships available
Questions? kyoung@hcucc.org



'AHA PAE'ĀINA YOUTH EVENT

June 13-16, 2024, at Central Union Church

This 2-page registration packet should be completed by youth (grades 6-12) who wish to participate in the Hawaii Conference United Church of Christ 'Aha Pae'āina youth event in Honolulu from June 13-16, 2024.

First Name _____ Last Name _____

Email Address _____ Phone _____

Mailing Address _____ City, State, Zip Code _____

Birthdate (mm/dd/yyyy) _____ Circle your preferred pronouns: she/her he/him they/them

Best way to contact you or your parent/guardian: (circle all that apply) Email Call Text

Please list any special accommodations you require to participate: _____

Name of your church _____

Please put a check mark by your Association:

AHEC 'Aha O Na Mokuupuni 'O Maui, Moloka'i, A Me Lāna'i Hawai'i Kaua'i O'ahu

FOR CHURCH PASTOR / YOUTH LEADER TO FILL OUT: I am this youth's pastor / youth leader

Name: _____ Signature: _____

Each church is allowed one youth delegate (under 30) that can vote at the 'Aha.

Is this your church's youth delegate? YES NO

AIRLINE RESERVATIONS for participants coming from Kaua'i, Maui, Moloka'i, Lāna'i, or Hawai'i Island:

Flight reservations will be made by the Hawai'i Conference office to arrive in Honolulu by 1:00 p.m. on Thursday, June 13, and depart from HNL on Sunday, June 16, in the afternoon.

Check your preferred airport:

Name as it appears on your ID _____

LIH OGG

Hawaiian Airlines Miles # (if any) _____

MKK LNY

KOA ITO

FOR PARENT/GUARDIAN TO FILL OUT:

I give my full permission for (youth's name) _____ to participate in the 'Aha Pae'āina youth event from June 13-16, 2024, on O'ahu.

Parent/Guardian Name: _____ Relation: _____

Parent/Guardian Signature: _____ Date: _____

COST: \$50 includes airfare, lodging, food, ground transportation, and the 'Aha Pae'āina event registration fee.

We want everyone who wants to come to be able to participate! Please reach out if cost is an issue.

Checks should be made payable to **Hawai'i Conference UCC** with the **name of the youth participant** in the memo line. **Please submit this completed registration packet with payment by May 13 to:**

ATTN: HCUCC YOUTH EVENT
700 Bishop St. Suite 825
Honolulu, HI 96813

***More info will be sent to registrants!**
Contact: kyoung@hcucc.org

ABOUT ME

Help us get to know you!



MY NAME

MY CHURCH

MY SCHOOL

GRADE IN SEP 2024

MY FAVORITE...

COLOR

BIBLE CHARACTER
(other than Jesus!)

SNACK

WHAT I LIKE TO DO FOR FUN...

IS THIS YOUR FIRST TIME AT AN HCUCC 'AHA?

YES

NO

WHAT ARE YOU MOST LOOKING FORWARD TO ABOUT THIS EVENT?

WHAT ELSE CAN YOU SHARE ABOUT YOURSELF?

Health & Medical Permission Forms

Each participant (youth and adult) must complete these forms to participate in the Hawai'i Conference 'Aha youth event. If the participant is a minor or not legally responsible for themselves, this section should be completed by a parent/guardian.

Please print clearly:

Participant's Name _____

Home Address (include City/State/Zip)

Parent/Guardian Phone Number(s) Cell _____ Other _____

In case of emergency, notify: _____ **Relationship** _____

Primary Phone Number(s) Cell _____ Other _____

Address (if different from above)

Health Information

Medical Insurance and Physician Information

Insurance Company _____ Policy # _____ Group # _____

Full Name of Policy Holder _____

Doctor's Name _____ Preferred Hospital _____

Immunizations (give month/year if possible)

Tetanus ___/___ Polio ___/___ DPT ___/___ MMR ___/___ Meningitis ___/___ Hepatitis B ___/___

COVID-19 ___/___

Allergies (Check all that apply and describe food allergies.)

Hay fever ___ Penicillin ___ Sulfa ___ Bee sting ___ Other: _____

Food allergies: _____

Health Concerns (check all that apply)

Asthma ___ Skin condition ___ Sleep walking ___ Depression ___ Ear, Nose, Throat ___ Anxiety ___
Joints ___ Diabetes ___ Cramps ___ Hyperventilation ___ Convulsions ___ Heart disease ___ Fainting ___
Acne ___ ADHD/ADD ___

Special dietary needs/instructions (i.e. Vegetarian? Gluten-free?) _____

Other physical/mental health notes or concerns:

Is the participant in good general health, able to participate in all normal activities? YES or NO

Explain any restrictions or concerns: _____

Current Medications (list only those needed during the Youth Event):

IMPORTANT: Bring only enough medication for the duration of the event plus 2 extra doses, all in its ORIGINAL container. Do not bring a huge supply.

*Leave this top section blank if it does not apply.

Medication _____ Dosage _____ Times to be taken _____

Medication _____ Dosage _____ Times to be taken _____

Will your youth be temporarily off any medications that they normally take? Yes No

Can your youth be expected to take the right amount of medication at the proper time? Yes No

Check only ONE: Parent/guardian signature _____ **Date** _____

I give my permission for my youth to administer their own medication.

I prefer that my youth's advisor or a present health professional administer their medication.

NOTES: _____

Over-the-Counter Medications

To treat any symptoms your youth may have while at Camp, please fill out the following table of over-the-counter medications that can be administered to your youth if they can take them and has need of them. We will plan to have a moderate supply of the items that are checked by participants, but will only administer them with your permission as indicated below.

Symptom	Medication	Yes	Symptom	Medication	Yes
Cough	Robitussin		Upset stomach	Mylanta Tums	
Allergy/Stuffy Nose	Claritin Claritin-D		Menstrual cramps	Ibuprofen Tylenol	
Mild allergic reactions	Benadryl antihistamine		Bug bites Poison ivy	Calamine caladryl	
Fever, headache, pain	Tylenol		Sunburn	Solarcaine Aloe	
Diarrhea	Kaopectate		Cuts, scrapes	Bacitracin, Neosporin	
Constipation	Prune juice, Grape Juice, applesauce				

List any comments or other over-the-counter medications you do NOT want given to your youth:

Parent/guardian must sign below before over-the-counter medications (marked "yes" above) will be administered:

Youth's Name (print) _____

Parent/Guardian Signature: _____ **Date** _____

Consent and Emergency Treatment Authorization

I request that the Hawai'i Conference UCC personnel and youth event leaders, area hospitals, medical staff personnel, agents and employees have access to information contained in this form and to provide all medical care, routine tests, and necessary transportation advisable for my health or the health of my child. I acknowledge that no representations, warranties, or guarantees as to the result or cures will be made. I hereby give my permission to medical staff to secure and administer treatment including hospitalization for the participant (name of participant; youth or adult) _____.

Signature of Adult Participant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____



Participant Covenant

The following covenant is to be adhered to by all participants (youth and adult advisors) of the Hawai'i Conference youth event. If any conflicts arise, they will be openly discussed with leaders and/or peer participants. Any violations will be dealt with by event staff and leaders and may result in the participant being asked to return home at their own expense.

WE, THE PARTICIPANTS OF THE HAWAI'I CONFERENCE 2024 'AHA YOUTH EVENT, AGREE TO ABIDE BY THE FOLLOWING:

1. I will treat all people with dignity, respect, and kindness, so I can help create a physically and emotionally safe environment for all.
2. I will keep my language clean and respectful.
3. I will respect others' personal space and privacy and maintain appropriate physical boundaries.
4. I will respect everyone's property and take precautions to keep my own possessions safe.
5. I will treat the facilities we are using with great care and if something gets broken accidentally, I'll own up, taking responsibility and telling an adult leader right away.
6. I will not bring or use alcohol, drugs, vapes, cigarettes, dangerous objects, or anything I know I'm not supposed to.
7. I will stick with the group and enthusiastically participate in the activities planned.
8. I will listen to the adult leaders, following directions, honoring curfew, and understanding that rules are provided for my safety.
9. I will be a good representative of my church and the Hawai'i Conference UCC throughout the event, including while traveling.
10. Remembering that I am a follower of Jesus Christ, I will do my best to do the right thing and act in a way that shines God's light, even when it comes to things that aren't specifically named in this covenant.

Participant Signature: _____ **Date:** _____

For Parents/Guardians of Youth Participants

I understand that my child will be attending the Hawai'i Conference youth event on O'ahu and that they may be sent home at my expense IF they do not abide by the Hawai'i Conference Participant Covenant.

Parent/Guardian Signature: _____ **Date:** _____

Transportation Permission

Permission is required if someone other than a family member is transporting a youth to an event. A duplicate copy of the Health and Permissions Forms will be kept in the vehicle with the traveler during transit.

I give my permission for the transportation of the below named person(s) to and from the site of the Hawai'i Conference youth event and/or for the transportation for off-site tours in designated vehicles.

I give my permission to the Hawai'i Conference UCC and to the appointed adults responsible to give any needed medical assistance to the below named person(s) should there be an emergency or accident in transit. The following information is provided to assure the best appropriate care.

Youth's Name (print) _____ Date _____

Parent/Guardian's Name: _____ Signature: _____

COVID-19 LIABILITY RELEASE

By signing this agreement, I acknowledge the contagious and life-threatening nature of the Coronavirus/COVID-19 (hereinafter COVID) that is still present among us. I waive any claims against the Hawai'i Conference United Church of Christ (hereinafter HCUCC), its staff, members, leaders, and all others affiliated with the event. I further acknowledge that HCUCC *encourages* mask-wearing and vaccinations as preventative measures to reduce the spread and severity of COVID. It is my responsibility to adhere to measures that will keep me and my loved ones safe. NOTE: The COVID-19 vaccination is not *required* to participate.

I acknowledge that by engaging in this activity, I am placing myself at risk of contracting COVID and any other illness arising out of COVID. I acknowledge that I must comply with all set event procedures to reduce the risk of contracting and spreading the virus.

At the time of the event, all participants will certify that they:

- Are free of any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- Have not traveled outside the State of Hawai'i within the last 14 days.
- To the best of one's knowledge, have not been exposed to someone with a suspected and/or confirmed positive case of COVID.

By signing below, I understand that this liability release waiver discharges HCUCC and its members from any liability or claim that I, my heirs, or any personal representatives may have against the HCUCC or its members with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any activities held as part of this event.

Youth's Name (print): _____ Date: _____

Parent/Guardian's Name: _____ Signature: _____

Name, Likeness, Voice, Photograph and Video Release Form

Hawai'i Conference of the United Church of Christ

In support of the purposes of the Hawai'i Conference of the United Church of Christ and its affiliates and assigns (the "Conference"), I, _____, agree as follows:

1. USE OF NAME AND LIKENESS. I hereby grant to the Conference the right and permission to use, in perpetuity, my name, likeness, image, voice, recorded voice, appearance, biographical information, statements, performance, and/or testimonials (collectively, my "**Appearance**"), as such may be embodied in photographs, pictures, images, recordings, videos, audiotapes, digital images and the like, taken or made on behalf of the Conference alone or with other persons, without restrictions as to editing, in any manner and in any media, now known or later developed throughout the world, at any time, for the purpose of advertising or publicizing the Conference and its related services, including but not limited to publication in any form in all print, electronic and social media of the Conference and/or the United Church of Christ (including but not limited to *The Friend*, a publication of the Conference), without review or right to edit, permission or compensation in any amount or kind whatsoever. The Conference shall have complete ownership of any photograph, picture, video, digital image, recording, copy, presentation, publication or other material or file containing or featuring my Appearance, including copyright interests, and I acknowledge I have no interest or ownership whatsoever. This grant includes without limitation the right for the Conference to edit, abridge, augment, title or create a compilation from my Appearance in whole or in part as the Conference may elect in its sole discretion. I acknowledge that I have voluntarily entered into the agreements contained herein and I waive all rights of compensation for the use of my Appearance by the Conference.

2. RIGHT TO CONTRACT. I am at least the age of majority in my state and have the right and the ability to enter into this agreement. If I am a minor, my parent or guardian has entered into this agreement on my behalf as set forth below.

3. RELEASE OF LIABILITY. I release and hold harmless the Conference, its directors, officers, members, employees and agents from any claims, damages or other relief associated with the use and publication of my Appearance by the Conference (including but not limited to any claims based on the following: the right to privacy and/or publicity, defamation, or false endorsement). In addition, I understand and acknowledge that the Conference cannot control the unauthorized use of my Appearance by third-parties once my Appearance is published or publicized. Any claim I may have concerning unauthorized publication of my Appearance must be pursued by me against the unauthorized user and I shall not hold the Conference responsible for any liability resulting from a third-parties use of my Appearance. I understand that the Conference disclaims any responsibility for unauthorized use of my Appearance after the Conference's use or publication of my Appearance.

I agree that this agreement shall be construed in accordance with the laws of the State of Hawai'i as this agreement is made in Hawai'i. If any provision of this agreement shall be found to be invalid or unenforceable, the remaining provisions of the agreement shall continue to remain enforceable. I further understand and agree that the materials containing my Appearance may be kept on file and stored by the Conference for potential future use and purposes.

I have read and agree to this agreement in its entirety. No promises or representations of any kind have been made to me.	
Print Name: _____	Signature: _____
<i>If under the age of 18, authorization from a parent or guardian is required:</i>	
Parent/Guardian Name: _____	Signature: _____