UPROAR

CONFERENCE

#ONENIGHT

Calling every believer to bring the salvation and freedom they have experienced to the world…causing an uproar!

UPROAR Info Sheet

Time & Location

Friday, February 15, 2019 | 7:30 PM - 10:00 PM
Champion Christian Center | 1200 Donnan Avenue, Washington, PA

Transportation

We will be taking passenger vans. We will leave our church at 4:45pm. All students must be at our church, Forward Church, by 4:30pm on Friday, February 15th.

Cost

$5.00/student for Pizza Hut

Spending money is optional

$5.00 and forms due to Elevate Youth by January 23rd

Point of Contact

Pastor Josiah Greaver

Phone: 304.629.8743

Attached Forms Required

Registration Form

Medical Form

UPROAR Registration Form

Student First Name

Student Last Name

Date of Birth

Student Phone Number

Student Mailing Address

City, State and Zip

Parent/Guardian Name

Relationship to Student

Parent Phone Number

Parent Email

I (guardian named above) give consent for my student (named above) to attend the Uproar Conference One Night on February 15, 2019. I shall *not* hold liable the staff or volunteers of the event, host church or Forward Church for any injury, loss or damage to my student and their personal possessions that may arise during the event. I hold such persons and organizations *free and harmless* of any claims or suits due to said damage, loss or injury. I give the staff and volunteers of Forward Church my permission to provide medical consent for my student should the need arise, understanding that I will ultimately be responsible for the costs of such medical care. I acknowledge that I will be required to pick up and bring home my student at my own expense should they become ill, for any personal reasons or emergencies, or if they are dismissed from the event due to failure to cooperate with the staff or volunteers of Forward Church on the basis of disrespectful conduct, possession of weapons, tobacco, alcohol or illegal substances, sexual or intimate contact with other individual, and the like. I also give consent for pictures and videos to be taken of my student for promotional and Church purposes.

☐ I received & completed the Uproar Medical Form

Parent/Guardian Signature _____ Date _____

$5.00 AND FORMS DUE BY JANUARY 23

UPROAR Medical Form

Student Name

Parent/Guardian Name

Parent/Guardian Phone

List All Medical Conditions

List Current Medications Being Taken

Allergies

Type of Reaction

Treatment Given for Allergy

Estimated Last Tetanus Shot

Is the Student covered by medical insurance?

☐ Yes ☐ No

I (guardian named above) give permission to Forward Church and the event staff and volunteers to administer any of the following over-the-counter medications to my student as needed, in the dosage prescribed based on my student's age and size:

☐ Benadryl ☐ Ibuprofen (Advil, Motrin) ☐ Acetaminophen (Tylenol)
☐ Bepto Bismol ☐ Anti-acid ☐ Cough Drops ☐ Other: _____

Parent/Guardian Signature _____ Date _____

$5.00 AND FORMS DUE BY JANUARY 23