

# YOUTH EXCELLING IN LEADERSHIP

YXL NORTHEAST /Lebanon, PA / JUNE 23-28, 2024

## Counselor Registration

NAME MALE / FEMALE

ADDRESS

CITY STATE ZIP

CELL PHONE EMAIL ADDRESS

HOME CHURCH CITY, STATE

This is my:  1st Conference  2nd Conference  3rd Conference  4th Conference

My T-shirt size:  Small  Medium  Large  X-Large  XX-Large  Other:\_\_\_\_\_

### Registration & Cost

Registration runs from January 1<sup>st</sup>-May 31<sup>st</sup>, 2024.

All applications received during this period are guaranteed a space at YXL Northeast

- Student Rate: \$425\*

Early Bird Rate: \$400 through April 1<sup>st</sup>

Late Registration after June 1st: \$425 (as space permits)

- Counselor Rate: \$300\*

\* Cost includes lodging, meals, t-shirt, activities, seminar materials and speakers

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All checks made out to Reformed Presbyterian Church. One check for entire group is preferred.

Send all correspondence to:

YXL Registrar  
234 Elm Rd  
Avella, PA 15312

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## Release OF Liability

I am aware of the potential risks to me and my property as I participate in the YXL Northeast Conference Program. I understand that some of the activities will involve physical exertion and risk taking (activities such as but not limited to hiking, ropes course, and paintball). With this understanding, I willingly participate in the YXL Northeast Conference Program, holding said organization, their representatives and employees blameless for my participation. I agree to hold the above organization harmless of and from any liability for personal injury and/or property damage, including demands, losses, costs, expenses, and damages arising out of or in any conjunction with such activities regardless of the cause.

Kenbrook Bible Camp

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CONFERENCE LOCATION

PARTICIPANT NAME

June 23-28, 2024

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CONFERENCE DATES

PARTICIPANT BIRTHDATE

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PARTICIPANT SIGNATURE

DATE

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EMERGENCY CONTACT

PHONE

## Immunization and Medical Consent

“In the event of a medical emergency, I hereby consent to the NECESSARY AND PROPER TREATMENT, surgery, and/or anesthetic by a licensed physician or health care professional for \_\_\_\_\_.”

PARTICIPANT’S NAME

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PARTICIPANT SIGNATURE

DATE

Immunization Consent “I have had a TETANUS BOOSTER within the past 10 years.” \_\_\_\_ Yes \_\_\_\_ No

What medication(s), if any, will you be taking during the camp (and for what purpose)?

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MEDICATION(s)

PURPOSE

Have you been treated or are currently being treated for any disease, health conditions or allergies that we need to be aware of or are there any conditions that would limit your participation in YXL Northeast? If so, please list.

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## **Insurance Coverage and Requirements**

SICKNESS (MEDICAL) INSURANCE (required)

Each participant should have his/her own health insurance to attend the YXL conference.

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INSURANCE COMPANY

NAME OF INSURED

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POLICY/ID #

GROUP # (IF APPLICABLE)

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PARTICIPANT SIGNATURE

DATE

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EMERGENCY CONTACT

PHONE

# YOUTH EXCELLING IN LEADERSHIP

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## Adult/Counselor Sexual Harassment or Abuse Release Form

PLEASE TYPE OR PRINT LEGIBLY

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COUNSELOR NAME

MALE/FEMALE

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CHURCH NAME

ADDRESS/CITY/STATE

### Release of Liability for Sexual Harassment or Abuse

*Please have a Pastor or Clerk of Session read carefully and sign below.*

“By virtue of our participation in the YXL conference, we assume the responsibility to screen all adults who participate at the YXL conference to ensure that no one with a background of child sexual abuse participates.

We attest that we have:

1. thoroughly researched the background of this employee/volunteer including (but limited to) a criminal background check prior to commencement of their work/ ministry at this church.
2. closely monitored their performance in ministry at this church and have observed no behaviors that would pose a threat to the general well-being of minors.

By virtue of our own investigation and knowledge, we assume full responsibility for the conduct of our adult(s) and release the Presbyterian Church in America (a corporation)) from any responsibility for the conduct of our adults in their relationships with our youth, or the youth from other churches, or any other youth which might be involved at the YXL conference.”

\_\_\_\_Please check if a criminal background check for the person named above is on file with the church with no exceptions noted. In the event a criminal background check has not been obtained, the above individual must authorize the PCA to obtain one before he/ she is able to participate [in any way] with the YXL conference. Please request an authorization form by email from [yxl.northeast@gmail.com](mailto:yxl.northeast@gmail.com)

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PASTOR/CLERK OF SESSION SIGNATURE

POSITION

DATE

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PASTOR/CLERK OF SESSION EMAIL

TELEPHONE

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CHURCH

CITY/ STATE