

Deadline: 12/7/22



**Destin Methodist Student Ministry  
Rock the Universe 2023 // January 27-28 // Universal Orlando**

Rock the Universe is a two-day event that lets fans enjoy performances by some of Christian music's top artists, offers worship experiences, and a chance to enjoy theme park attractions during an unforgettable weekend of faith, fun, and fellowship at Universal Studios. **This trip is for students grades 8-12.**

**Student Name** (First and Last): \_\_\_\_\_

**Grade Level:** 8      9      10      11      12      Adult

**Parent/Guardian Information:**

Name: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Roommate Preference (one): \_\_\_\_\_

**Cost: \$300**

\*Cost includes 2-night stay at Cabana Bay Resort, 2-day tickets to Universal Studios & Rock the Universe Event, and 1-day express pass for Saturday.

**\*Breakfast will be provided but lunches and dinners will be paid for separately by students.**

*Scholarships are available for students needing financial assistance. Contact Blake Mayes [bmayer@destinumc.org](mailto:bmayer@destinumc.org) for information.*

**Total Amount Enclosed:** \_\_\_\_\_

- We accept cash, checks, or credit cards. Checks can be made out to Destin United Methodist Church- subject line: Rock the Universe

**Destin United Methodist Church**  
**Medical Treatment Authorization and Permission Release**

I (we) give \_\_\_\_\_ (Name of Student) permission to attend and participate in the youth activities at Destin United Methodist Church and its retreat. I (we) recognize that participation in the youth program is voluntary, and while every reasonable precaution will be taken for the safety and well-being of the participants, there are certain risks inherent in trips away from home and church youth activities. In the event of an emergency, illness, or injury to the student, the Student Ministry leaders of DUMC will make every reasonable effort to contact me (us) for permission to obtain emergency medical and/or dental care. However, if the circumstances do not permit, I (we) authorize and consent to such emergency medical and/or dental care and treatment as may be necessary for the prompt treatment of the illness or injury. I (we) further agree to be financially responsible for the cost of emergency treatment and agree to reimburse DUMC and/or the leaders for any expense incurred as a result of such emergency treatment. DUMC can use your student's picture for advertisements, highlight videos, tagging and documentation.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

During the times of most youth programs, I (we) can be reached at the following telephone numbers:

\_\_\_\_\_ Area Code / Telephone Number      \_\_\_\_\_ Name

\_\_\_\_\_ Area Code / Telephone Number      \_\_\_\_\_ Name

Please Print Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

Please list any special needs and/or medication schedule:

Health Insurance Carrier and Contract / Policy:

Is it okay to give your child over-the-counter medication, if needed, during the weekend? Y/N

# Christian Conduct Covenant

Destin United Methodist Church Youth Ministries  
200 Beach Dr  
Destin, FL 32541

- I agree to act in a Christ-like manner throughout youth activities and trips.
- I will follow the instructions and directions of the chaperones, leaders, interns, and staff.
- I will not use profanity at any time during youth activities, trips, and retreats, nor will I use language or jokes that are crude, offensive or sexual in nature.
- I will not bring or use alcohol, tobacco or drugs other than prescription medication prescribed to me or over-the-counter drugs approved by my parents. I will not bring, purchase or possess firearms, knives or weapons of any kind. I will also not bring, purchase or possess matches, lighters or anything that might be flammable or used to start fires.
- If using prescription medication or over-the-counter drugs, I will only use it in the manner approved of by my parents and doctor.
- I will respect the space and property of others.
- I will not be in the sleeping quarters or rooms of any member of the opposite sex, and I will not be alone in a room with a member of the opposite sex.
- I will not wear inappropriate clothing, skimpy clothing, clothing with logos of tobacco or alcohol products or clothing with sexual messages or innuendo.
- I will not use digital devices outside of designated times on youth trips.
- I will not use any language that is discriminatory, prejudicial or un-loving toward any individual or group of people.
- I understand that failure to follow these rules may result in my parents being called and sent home from a youth activity, retreat, or trip at the expense my parents.
- I understand the responsibility I have as a Christian to hold others in the group accountable. So if I see (or am aware of) anyone breaking these rules, I will immediately tell an adult chaperone. I understand that failure to report any violation of these rules (that I have seen or am aware of) will be considered the same as having broken them myself.

**As a family, we have read these rules, and we understand and consent to them.**

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Parent

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Student

# 2022-2023 School Year Destin United Methodist Church

## Travel Release Form

I (we) give \_\_\_\_\_ (Name of Child) permission to attend, to be transported by the DUMC Church Bus/Party Bus to Destin United Methodist Church or DMS, and participate in the student ministry activities at Destin United Methodist Church and its events/retreats. I (we) recognize that participation in the student ministry programs is voluntary, and while every reasonable precaution will be taken for the safety and well-being of each student, there are certain risks inherent in trips away from home and church student ministry activities.

In the event of an emergency illness or injury to the child, the adult leaders of DUMC will make every reasonable effort to contact me (us) for permission to obtain emergency medical and/or dental care. However, if the circumstances do not permit, I (we) authorize and consent to such emergency medical and/or dental care and treatment as may be necessary for the prompt treatment of the illness or injury. I (we) further agree to be financially responsible for the cost of emergency treatment and agree to reimburse DUMC and/or the adult leaders for any expense incurred as a result of such emergency treatment.

**By signing this form, I give consent for Destin UMC to:**

- Use my child's picture for advertisements, social media, highlight videos, documentation.
- Transport my student(s)
- Give medical assistance as needed
- Attend school lunch with my student for this school year

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**Parent/Guardian Signature and Date**

**During the time of this youth program, I (we) can be reached at the following telephone numbers:**

**Parent/Guardian:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**IMPORTANT: Emergency contacts other than a parent or guardian:**

**Emergency Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_