

Attention: CMO English Speaking Youth & College/Career Attendees

Remember to bring your tennis/athletic shoes and appropriate clothing for outdoor sports or field activities. You may want to bring sunblock and water bottles too.

CMO Conference Rules & Guidelines for Minors (under 18 years of age)

During this conference, you will be assigned to a small group. Each small group will have one or more Small Group Leaders, who, in addition to being counselors you can talk to, will be responsible to the conference organizers for your behavior and safety. You are expected to follow these rules and guidelines*:

1. You are expected to attend all meetings and activities. Please make a note of the starting times, and be on time.
2. You are not allowed to leave the USD Campus at any time during the conference.
3. Do not disturb other people's sleep. Quiet hours are from 11 PM to 6 AM. You are not allowed to wander around the campus during these hours.
4. Persons of the opposite sex are not allowed in dorm rooms or apartments at any hour. Please observe this modesty rule and wait in the hall for your friends.
5. If you need to leave the CMO Conference early, inform your Small Group Leader and follow the checkout procedure.
6. You are responsible for checking out before you leave the conference. There is a fee charged for late checkouts.

***If you violate the conference guidelines/rules and choose to ignore the warnings of the conference leaders, your parent/guardian will be notified. Christian Missions Overseas (CMO) reserves the right to send you home (at your expense) or to be with your parents during the rest of the conference. Any associated fees will be due when you leave.**

I (we) have read and understood the guidelines listed above and agree to abide by them.

_____	_____ / _____	_____	_____	_____ / _____	_____
Print Minor's Name	Signature of Minor	Date	Print Minor's Name	Signature of Minor	Date
_____	_____ / _____	_____	_____	_____ / _____	_____
Print Minor's Name	Signature of Minor	Date	Print Minor's Name	Signature of Minor	Date

***If both parents are not present during the conference, please designate a guardian at the conference.**

_____	_____ / _____	_____
Name of Designated Guardian	Signature of Guardian	Date

PARENTAL CONSENT & MEDICAL RELEASE FORM

I, _____, have read and understood the above CMO Conference Rules & Guidelines for Minors.
Name of Parent of Guardian

I give permission for my children listed below to attend the Christian Missions Overseas (CMO) 2015 Summer Conference's activities at USD from July 2 to July 5. In the event of any accident or illness, I authorize the adult supervision to obtain medical treatment for my children. I understand that if medical treatment is required in any event, every effort will be made to contact me. However, if I cannot be reached, I authorize the CMO Staff, youth workers, or sponsors to secure the services of a licensed physician to provide the care necessary, including anesthesia for my child/children's well being. I assume responsibility for any medical bills, costs, or demands for personal injury, sickness, or death, as well as property damages and costs of any nature which may be incurred by the minors signed above.

_____	_____	_____		
Child's Name	Birth date	List Allergies, Medical Conditions, Medicine Currently taking, Pertinent Med. Info.		
_____	_____	_____		
Child's Name	Birth date	List Allergies, Medical Conditions, Medicine Currently taking, Pertinent Med. Info.		
_____	_____	_____		
Child's Name	Birth date	List Allergies, Medical Conditions, Medicine Currently taking, Pertinent Med. Info.		
_____	_____	_____		
Child's Name	Birth date	List Allergies, Medical Conditions, Medicine Currently taking, Pertinent Med. Info.		
_____	_____	_____	_____	_____
Address	City	State	Zip	Home Phone Number
_____	X _____	_____	_____	_____
_____	_____	_____	_____	_____
Father/Guardian's Name	Signature	Work/Bus/Beeper Phone	Additional Phone Number	
_____	X _____	_____	_____	
_____	_____	_____	_____	_____
Mother/Guardian's Name	Signature	Work/Bus/Beeper Phone	Additional Phone Number	
_____	_____	_____	_____	
_____	_____			
Medical Insurance Company	Policy Number/ Family Account No.			

In case of emergency, your child/children will be released to the emergency contacts listed.	_____	_____	_____
	1) Emergency Contact	Phone	Work/Bus/Beeper
	_____	_____	_____
	2) Emergency Contact	Phone	Work/Bus/Beeper