



BDA YOUTH

FUSE 2025

JONAH PURPOSE & IDENTITY IN GOD

May 16-18, 2025

GENERAL INFORMATION

- FUSE is open to youth, ages 13 - 30
- Registration (*with payment*) Deadline is: April 30, 2025
 - **REGISTRATION FEE: \$25**
 - Includes overnight Friday – Saturday morning
 - Joining again Sunday evening for sunset, food, sharing time

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Birthdate (mm/dd/yyyy): _____ Age: _____ Male Female

Email: _____

Address: _____

Parish: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Applicant's Signature: _____ Corps: _____

EMERGENCY CONTACT INFORMATION

(please provide details in the event parent/legal guardian is not available)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Family Doctor: _____ Phone: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ email: _____

CORPS USE ONLY

Corps Officer: _____ Date (mm/dd/yyyy): _____



Conditions of Enrolment & Consent

- A completed medical form must be submitted with this application. All medical information will be kept strictly confidential.
- Visitors to FUSE2023 are discouraged, as this disrupts FUSE2023 activities. If visitation is necessary due to unforeseen circumstances, you are required to call Lt Adriane prior to arrival (704-6524).
- Inappropriate clothing (displaying alcohol/drug logos, profanity or anything of a sexual nature) is not permitted during FUSE2023.
- Revealing clothing is not permitted during FUSE2023.
- The Salvation Army is not responsible for the damage or loss of personal property.
- Electronic devices are permitted at FUSE2023 (at owners own risk), however their use during FUSE2023 activities is discouraged unless otherwise stated.
- The Salvation Army reserves the right to dismiss a delegate for inappropriate behavior.
- The FUSE2023 Director reserves the right to dismiss any delegate who in his/her opinion rejects the conditions of enrolment or demonstrates a hazard to the safety and/or well-being of FUSE2023, himself/herself, or others. Delegates dismissed under these circumstances will not be given a refund.

FUSE2023 CONSENT

(Delegate 18 years of age & older/Chaperones)

I have read the above and understand and accept the Conditions of Enrollment. I have disclosed to The Salvation Army all relevant medical and physical information and agree to participate in all activities scheduled for delegates/chaperones.

Signature: _____ Date (mm/dd/yyyy): _____

FUSE2023 CONSENT

(Delegate under 18 years of age)

I have read the above and understand and accept the Conditions of Enrollment. I have disclosed to The Salvation Army all relevant medical and physical information and agree to participate in all activities scheduled for delegates/chaperones.

Signature of Parent/Legal Guardian: _____ Date (mm/dd/yyyy): _____

PHOTO/VIDEO CONSENT

All videos and photographs taken by The Salvation Army are the property of The Salvation Army and may be used for promotional purposes only. No names or other personal information will be used.

I **DO** give my approval for The Salvation Army to take and use photos of me/my child.

Signature: _____ Date: _____

Delegate (18 or older) Parent/Legal Guardian (mm/dd/yyyy)

I **DO NOT** give my approval for The Salvation Army to take and use photos of me/my child.

Signature: _____ Date: _____

Delegate (18 or older) Parent/Legal Guardian (mm/dd/yyyy)



PERSONAL INFORMATION	
Last Name: _____	<input type="checkbox"/> Male
First Name: _____	<input type="checkbox"/> Female
DOB (mm/dd/yy): _____	

INFECTIOUS DISEASE INFORMATION

Do you/your child presently have, or recently had, any infectious disease? yes no
 If yes, please specify the type of illness and provide a doctor's note indicating that you/your child is fit for FUSE2022.

Please indicate if you/your child have ever had any of the following infectious diseases or conditions:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> chicken pox | <input type="checkbox"/> measles (red) | <input type="checkbox"/> rheumatic fever | <input type="checkbox"/> hepatitis |
| <input type="checkbox"/> mononucleosis | <input type="checkbox"/> measles (german) | <input type="checkbox"/> scarlet fever | <input type="checkbox"/> whooping cough |
| <input type="checkbox"/> mumps | <input type="checkbox"/> head lice | <input type="checkbox"/> other (specify): _____ | |

GENERAL MEDICAL HISTORY

Please indicate if you/your child have ever experienced any of the following medical problems:

- | | | | |
|---------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> asthma | <input type="checkbox"/> epilepsy | <input type="checkbox"/> pneumonia | <input type="checkbox"/> appendicitis |
| <input type="checkbox"/> ear problems | <input type="checkbox"/> tonsillitis | <input type="checkbox"/> kidney/bladder problems | |

If the answer is yes to any of the above list the specific treatment required: _____

Are your/your child's immunizations up to date? yes no

Date of last Tetanus shot (mm/dd/yyyy): _____

ALLERGY INFORMATION

Specify Below ...	Reaction ...
Medication: _____	_____
Food: _____	_____
Insect Bites: _____	_____
Environmental: _____	_____
Other: _____	_____

Do you/your child carry an Epi-Pen: yes no
 If yes, do you/they need help using the Epi-Pen: yes no

SPECIAL DIET REQUIREMENTS

- Diabetic Lactose Intolerant Gluten Free Pork Free Vegetarian Other:

OTHER RELEVANT INFORMATION/SPECIAL NEEDS

MEDICAL CONSENT

To the best of my knowledge I am/my child is in good health. I hereby give permission for me/my child to receive basic non-prescription remedies (i.e. Tylenol, cold medication, antihistamines for allergic reactions, etc.) if deemed necessary by FUSE2022 chaperones. I would expect The Salvation Army to notify the emergency contact (listed above) immediately of any serious injury or illness. I also release The Salvation Army and chaperones from all responsibility and claim for accident, sickness or other loss while I am/my child is at FUSE2022, or travelling to, during and from FUSE2022.

Signature: _____ Date: _____
 Delegate (18 or older) Parent/Legal Guardian Chaperone (mm/dd/yyyy)