

# Youth Convention 2009 Registration Form

Registration Form Due With Deposit October 21<sup>st</sup>.

Today's Date: \_\_\_\_\_

## STUDENT INFORMATION:

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Grade: \_\_\_\_\_

Complete 21 Day Journal: YES / NO \_\_\_\_\_

## LODGING INFORMATION:

Below please put two friends that you would like to stay with on this trip. In picking rooms we will take these names into consideration, but it does not mean you will be put in the same rooms.

Friend #1: \_\_\_\_\_ Friend #2: \_\_\_\_\_

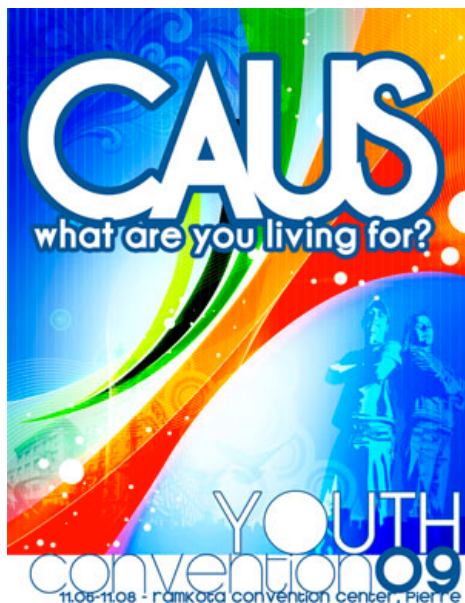
## REGISTRATION INFORMATION:

Deposit for Student Registration <i>(This form must be received with deposit by October 21st)</i>	\$50.00
Rest of the money is due November 1st <i>(If registered by Oct 21 you owe \$75) (If registered after Oct 21 you owe \$100)</i>	
<b>Total Due with Registration: \$50.00</b>	

**\*\* Cost covers Youth Convention Registration, Hotel, Impact Pierre, and Transportation. Meals and Extras are all the responsibility of the individual attendees.**

Check Number \_\_\_\_\_

Total Enclosed \_\_\_\_\_



Parent or Guardian's Name: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Is your child taking any medication that we should be aware of? \_\_\_\_\_

Does your child have a pre-existing medical condition? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please be very specific in describing medical condition)

Secondary contact person \_\_\_\_\_ Phone \_\_\_\_\_

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

- ◆ I authorize an adult, in whose care the minor has been entrusted, to consent to any type of medical treatment, or hospital care deemed necessary by both the adult supervisor and/or a physician.
- ◆ The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization.
- ◆ Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- ◆ The undersigned further hereby agrees to hold harmless and indemnify First Assembly of God, its board members, employees, agents and the adults in charge and assisting in the above designated event, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. Furthermore, my child and I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

I have read and understood the above statements and agree to the statements made above.

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## OFFICE USE ONLY

<i>Task</i>	<i>X</i>	<i>Task</i>	<i>X</i>	<i>NOTES</i>
Hand in Money		Send Confirmation Email		
Add to Trip Database		Send Trip Letter		