

Sixth Episcopal District Christian Education Leadership Congress 2018

The Rt. Reverend **Reginald T. Jackson**, Presiding Prelate

Mrs. Christy Davis Jackson Esq, Episcopal Supervisor

Registration Form

This form is to be used for both **individual and group** registrations. Please include the name of the church and Presiding Elder District on the registration form. The registration fee is \$75.00 per person (27+) and \$25.00 per person (6-26). **PAYMENT MUST ACCOMPANY REGISTRATION.** Cash, checks and money orders are accepted.

CHURCH NAME	PRESIDING ELDER DISTRICT:			
PASTOR NAME:	<input type="checkbox"/> Valdosta South	<input type="checkbox"/> Savannah North	<input type="checkbox"/> Macon East	<input type="checkbox"/> East Atlanta
	<input type="checkbox"/> Albany North	<input type="checkbox"/> Savannah Central	<input type="checkbox"/> Macon North	<input type="checkbox"/> North Atlanta
	<input type="checkbox"/> Donalsonville West	<input type="checkbox"/> Savannah South	<input type="checkbox"/> Macon South	<input type="checkbox"/> West Atlanta
	<input type="checkbox"/> Central	<input type="checkbox"/> Augusta South		<input type="checkbox"/> South Atlanta
	<input type="checkbox"/> Eastern	<input type="checkbox"/> Augusta North		

PLEASE FILL OUT COMPLETELY AND PRINT CLEARLY. MAKE ADDITIONAL COPIES AS NEEDED

TITLE:

Adult: Rev. Dr. Bro. Sis.

Youth: Male Female

Age: 6-9 10-12 13-15 16-26

LAST NAME	FIRST NAME	MI
ADDRESS	CITY STATE	ZIPCODE
PHONE NUMBER	E-MAIL ADDRESS	

REGISTRATION TYPE:

- Presiding Elder
 Christian Education Director
 Lay Organization
 Youth
 Pastor
 Church School Superintendent
 Richard Allen Young Adult Council
 Young Peoples' Division (6-26)
 Clergy
 Debutantes and Masters' Commission
 Sons of Allen

Please submit your form and registration fee to the Christian Education Director. Please make your checks payable to "Leadership Congress" *Youth and Children registering under 18 must submit signed permission slip with registration form.*

Form of Payment: All on-site checks are made payable to "Sixth Episcopal District - CED"

- Payment to Elder
 Payment to Component: Cash Check # _____ Money Order

For additional information/questions, please call
Each individual must complete a registration form.

SIXTH EPISCOPAL DISTRICT
Permission/Media/Medical Release and Waiver

(please print)

Name of Child _____

Parent(s) and/or legal guardian(s) of child participant

Address _____

Home Phone (____) _____

Parent's Cell (____) _____

Youth's Cell (____) _____

Birth Date _____

Church _____

Pastor _____

Chaperone _____

Chaperone's # _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of THE SIXTH EPISCOPAL DISTRICT is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Indemnification and Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release THE SIXTH EPISCOPAL DISTRICT and its director, chaperone, chaperones, and/or other leaders, the Sixth Episcopal District, Annual Conferences, Bishop, Presiding Elders, Trustees, employees, administrators and leaders of the local church (hereinafter referred to as "Covered Entities") from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Covered Entities. I further agree to indemnify and hold harmless the Covered Entities from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for leaders of THE SIXTH EPISCOPAL DISTRICT to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree not to hold the covered entities responsible to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any emergency medical treatment, including surgery and, again, I agree that the Covered Entities will not be responsible for payment for said treatment.

Special Events and Field Trips

I understand that the child named above may be participating in local service projects and fellowship events during church youth events. I understand that during this period my child/ward may take part in activities such as: minor yard work, cleaning, painting, and other activities consistent with the purposes of the church.

Informational Notes

All director, chaperones, advisors, and/or drivers during youth ministry-related events must be 21 years of age with a good driving record. While we understand that older youth may drive themselves to and from events, we will not give any youth permission to ride home with any other youth; this must come from the parents themselves.

Health Insurance Information

Insurance Company _____ Policy Number _____

Insurance Company Phone Number (____) _____

Medical Doctor _____ Phone number (____) _____

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

Name _____ Relation _____

Home Phone (____) _____ Work/Cell Phone (____) _____

Name _____ Relation _____

Home Phone (____) _____ Work/Cell Phone (____) _____

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Other Information

Other information leaders should know about the child or adult participant:

Authorization for Media Release

THE SIXTH EPISCOPAL DISTRICT may post a photograph and/or video of my child on the organization website or use a photograph of my child in their publications. I understand that photos will not be labeled with names.

I ask that THE SIXTH EPISCOPAL DISTRICT not post photographs and/or videos of my child on the organization website or use a photograph of my child in their publications

For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of THE SIXTH EPISCOPAL DISTRICT, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of THE SIXTH EPISCOPAL DISTRICT, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____

Witness Signature _____ Date _____

Youth's Agreement

I agree to participate in the functions and activities of THE SIXTH EPISCOPAL DISTRICT, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. If it becomes necessary for me to be sent home early from an event, this will be done at my parents' expense. I understand that my continued participation in church activities depends on my support of this agreement.

Signature of youth _____ Date _____

Sixth Episcopal District Leadership Congress

The Rt. Reverend Reginald T. Jackson, Presiding Prelate Mrs. Christy Davis Jackson, Esq., Episcopal Supervisor

Children / Youth Combined Form

This form is to be used for church registrations. Please include the name of the church and Presiding Elder District on the registration form.

CHURCH NAME & ADDRESS	Presiding Elder's District <input type="checkbox"/> Valdosta South <input type="checkbox"/> Macon East <input type="checkbox"/> Augusta South <input type="checkbox"/> Albany North <input type="checkbox"/> Macon North <input type="checkbox"/> Augusta North <input type="checkbox"/> Donalsonville West <input type="checkbox"/> Macon South <input type="checkbox"/> East Atlanta <input type="checkbox"/> Central <input type="checkbox"/> Savannah North <input type="checkbox"/> North Atlanta <input type="checkbox"/> Eastern <input type="checkbox"/> Savannah Central <input type="checkbox"/> West Atlanta <input type="checkbox"/> <input type="checkbox"/> Savannah South <input type="checkbox"/> South Atlanta
PASTOR NAME:	

PLEASE FILL OUT COMPLETELY AND PRINT CLEARLY. MAKE ADDITIONAL COPIES AS NEEDED

Reg.#	Last Name	First Name	Age	Gender (M/F)	
Sample	Doe	Joan	10	F	
1.					
2.					
3.					
4. Chaperone					
5.					
6.					
7.					
8. Chaperone					

Total Registrants Page 1: _____

Reg.#	Last Name	First Name	Age	Gender (M/F)	
9.					
10.					
11.					
12. Chaperone					
13.					
14.					
15.					
16. Chaperone					
17.					
18.					
19.					
20. Chaperone					
21.					
22.					
23.					

Reg.#	Last Name	First Name	Age	Gender (M/F)	
24. Chaperone					
25.					
26.					
27.					
28. Chaperone					
29.					
30.					
31.					
32. Chaperone					

Please return all three pages of the Registration Form

Total Chaperones: _____

6-9: _____

10-12: _____

13-17: _____

Total Youth/Children: _____

Total Participants: _____

Please ensure the permission form is completed for each child participating in the Christian Education Leadership Congress and accompanies this registration package.

Received by _____

Date Received: _____