

# Youth Event Registration Form

Mail Completed form to:

Episcopal Youth Programs, 138 Conference Center Road, Waverly, GA 31565 912-484-4844

Email: [ginajenk@aol.com](mailto:ginajenk@aol.com) or Fax: 912-267-6907 (if faxed or emailed: charge by phone 912-265-9218)

Event Registering For (circle one):

**Fall Rally(\$75)**

**Fall Explosion(\$75)**

**Acolyte Festival(\$45)**

**Winter Blast(\$75)**

**Work Weekend(\$80)**

**Spring Fling(\$75)**

**Convention Lock-In(\$20)**

Payment method (circle one):	<b>Check enclosed</b>	<b>Master Card</b>	<b>Visa</b>
Card # _____	security # _____	Amount \$ _____	
Expiration date _____	Signature _____		

Name \_\_\_\_\_  
First Last called by:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_

Email Address \_\_\_\_\_ Shirt size: youth: M L adult: S M L XL XXL

Hone Church \_\_\_\_\_ Baptized? (circle one) yes no

Priest / Pastor \_\_\_\_\_ Confirmed? (circle one) yes no

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

Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Just a reminder: The Covenant of Community Guidelines as printed below is followed during all youth events. It is strictly enforced. Please do not register for an event if living within this Covenant will not be possible for you throughout the weekend.*

Applicant:

I agree to abstain from the use of any tobacco products, alcohol, illegal substances, inappropriate prescription medication, and sexual activity while at an event sponsored by the Episcopal Diocese of Georgia Youth Programs. I also agree to fully participate in all activities.

Signature \_\_\_\_\_ date \_\_\_\_\_

Parent/ Guardian:

I give the above named child for whom I am legally responsible permission to attend the above named event and sponsored by the Episcopal Diocese of Georgia. I agree to hold harmless all representatives of the Episcopal Diocese of Georgia in regard to accident or injury involving the above named child while at the event. I grant permission for said child to be treated by trained medical personnel and agree to be responsible for all expenses incurred in the course of such treatment.

Signature \_\_\_\_\_ date \_\_\_\_\_

Insurance Policy Name and # \_\_\_\_\_