



# 2019 Registration Form – YOUTH

All children/Youth attending any part of convention must have a completed registration form.

Full Name: \_\_\_\_\_ Preferred for Name Badge: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Will parent/guardian be present at COTW  Yes  No

If no, who will your child be attending with list name(s) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ (Use age and grade as of 4/1/19)

Email: \_\_\_\_\_ T-shirt size (Youth Rally Only) \_\_\_\_\_

(For acknowledgement)

Parish Name and City: \_\_\_\_\_

### Registration Fees: FULL WEEKEND (Includes meals & activities starting with Friday dinner)

Youth Rally Grades 5-12	Staying in: <input type="checkbox"/> youth lodging <input type="checkbox"/> with parent	\$110.....\$ _____
VBS grades K-4	(Stays with parent)	\$70.....\$ _____
Children 4 and under	(Stays with parent)	No charge
Friday lunch Grade K and up		\$10.....\$ _____

### Registration Fees: PARTIAL WEEKEND (Includes meals & activities only, no overnight accommodations)

*For all children 4 and under there is no charge for meals and activities*

<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Youth grade 5-12 \$25 \$ _____	Youth grade 5-12 \$53 \$ _____	Youth grade 5-12 \$25 \$ _____
Youth grade K-4 \$20 \$ _____	Youth grade K-4 \$40 \$ _____	Youth grade K-4 \$20 \$ _____

Friday lunch Grade K and up \$10.....\$ \_\_\_\_\_

Total due \$ \_\_\_\_\_ Calculate your fees from all registration forms and mail all forms and FULL payment to Convention Registration, Episcopal Diocese of Albany, 580 Burton Rd, Greenwich, NY 12834.

Method of Payment:  Check or Money Order (made payable to The Episcopal Diocese of Albany) -or-

Credit Card VISA/MSTERCARD/DISCOVER # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_ CVV #: \_\_\_\_\_

Billing Address for credit card: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Only PRE-PAID Registrations are accepted and are due by May 31, 2019. No refunds or cancellations after May 31, 2019.**

### Health History for Youth

Does your child have allergies? Will your child be taking medication at convention? If yes, please explain:

Explain any physical restrictions of any other health/behavioral concerns we should be aware of:

List current medications

Insurance Information (Company, Policy #, name of insured, relationship to youth)

### Permission to provide treatment or emergency care & Photo Release

Permission to provide treatment or emergency care The information provided above is correct. The person herein has permission to engage in all activities except noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the health care provider selected by a diocesan representative to secure proper treatment, order injections and/or anesthesia and/or surgery, and hospitalize my child named above. I give permission for my child to appear in photographs, video, and social media that may be used to promote Beaver Cross Camps and Beaver Cross Ministries.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_