



2024 Registration Form – YOUTH

All children/Youth attending any part of convention must have a completed registration form by May 22, 2024.

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 4/1/22)

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	\$160.....\$ _____
VBS grades K-4	(Stays with parent)	\$140.....\$ _____
Children age 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 K-12 \$34 \$ _____	Youth grade K-12 \$50 _____	Youth grade K-12 \$34 \$ _____
Friday lunch Grade K and up		\$19.....\$ _____

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/MASTERCARD/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 22, 2024. No refunds or cancellations after May 27, 2024.

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 _____