

# African Methodist Episcopal Church

Second Episcopal District  
 Youth & Leadership Congress 2009  
 Yes You Can! Choices...

## REGISTRATION FORM

Name \_\_\_\_\_ Clergy / WMS / Lay / Youth / Young Adult / Youth Worker  
 Address \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Age of Youth \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
 Church Office Held \_\_\_\_\_  Connectional  Episcopal  Conference  Area  Local  
 Local Church \_\_\_\_\_ Conference \_\_\_\_\_  
 Name of Chaperone \_\_\_\_\_ Registration Fee(s) Enclosed: \$ \_\_\_\_\_ (Adults - \$115; Youth - \$75)

One adult chaperone required per every 5 youths (5yrs. - 12 yrs.) or 10 youths (13 yrs. - 17 yrs.).

Please mail completed form and fees to your Conference/PE District Registrar before June 27, 2009:

Conference	Presiding Elder	Registrar	Presiding Elder	Registrar
Baltimore	The Rev. Earle M. Brooks	Sis. Mary Fisher	The Rev. Ernest Montague	Sis. Caldonia Henry
Washington	The Rev. Goodwin Douglas	The Rev. Mary Newton	The Rev. Louis-Charles Harvey	The Rev. Louis Kelly
Virginia	The Rev. Chester Morris	Sis. Teresa Morris	Rev. William Dyson	Sis. Fay Wright Wilson
North Carolina	The Rev. Evelyn Gail Dunn	Sis. Charmayne Morrison	The Rev. Larry Hinton	Sis. Edna Watson
Western North Carolina	The Rev. J. Bernard Wilder	The Rev. Steven Lyons	The Rev. Larnie Horton	The Rev. Thomas O. Nixon

## Parent Consent for Participation Waiver of Claims and Medical Authorization

\_\_\_\_\_ has my permission to participate in the activities associated with the  
 (Name of Child)

Youth & Leadership Congress 2009, Sunday July 12, 2009 through Wednesday July 15, 2009.

I, \_\_\_\_\_, agree to direct my child to cooperate and to conform with directions and instructions of the Second Episcopal District Youth & Leadership Congress 2009 representatives in charge of the trip(s).

Should it be necessary for my child to have medical treatment while participating in this trip/these trips, I hereby give the Second Episcopal District Youth & Leadership Congress 2009 representatives permission to use their judgment in obtaining medical services, and I give permission to the physician selected by the said representatives to render medical treatment deemed necessary and appropriate by the physician. I understand that the Second Episcopal District Youth & Leadership Congress 2009 has no insurance covering such medical or hospital cost incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility.

- I am covered by accident/medical insurance. Insurance Name & Policy Number: \_\_\_\_\_
- My child is covered by accident/medical insurance. Insurance Name & Policy Number: \_\_\_\_\_
- My child is not covered by accident/insurance.

### Transportation to the location will be:

- Airplane
- Private Bus
- Private Automobile
- Other \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_