

African Methodist Episcopal Church

Second Episcopal District Academic Summer Camp 2010

For Youth Entering Grades 6 Through 12

Registration Form

Name: _____ Clergy/WMS/Lay/Youth/Young Adult/Youth Worker
 Address: _____ Cell Phone: _____
 City: _____ State: _____ Zip: _____ Age of Youth: _____
 Parent/Guardian Name: _____ Telephone: _____ Email: _____
 Church Office Held: _____ Connectional Episcopal Conference Area Local
 Local Church: _____ Conference: _____
 Name of Chaperone: _____ Registration Fees enclosed: \$ _____ Per Youth: \$100.00

\$100.00 Fee Includes Lunch, Dinner and All Curriculum Materials
 Participants Responsible for Hotel Expenses - Embassy Suites, Hampton, VA

<http://www.embassysuiteshampton.com/contactus.aspx>

One adult chaperone required per every 5 youth 11- 12 years of age; or 10 youth ages 13-17 years of age
Please mail this completed for and fees to your Conference/PE District Registrar before (need date)

Conference	Presiding Elder	Registrar	Presiding Elder	Registrar
Baltimore	The Rev. Earl 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	The 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 NC	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

(Name of Child) _____ has my permission to participate in the activities associated with the Second Episcopal District of the African Methodist Episcopal Church Academic Summer Camp Program from July 14, 2010 through July 17, 2010 in Hampton, Virginia. I, _____, agree to direct my child to cooperate and to conform with directions and instructions of the Second Episcopal District Academic Summer Camp 2010 representatives in charge of the program.

Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give the Second Episcopal District Academic Summer Camp 2010 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 the Second Episcopal District Academic Summer Camp Program 2010 has no insurance covering such medical or hospital cost incurred and, therefore, any cost incurred for each treatment shall be my sole responsibility.

- I am covered by accident/medical insurance. Insurance Name and Policy Number: _____
- My child is covered by accident/medical insurance. Insurance Carrier Name and Policy Number: _____
- My child is not covered by accident/insurance.

We understand that our child will be traveling via private transportation (for example: bus, boat, van,). We agree to save and hold harmless the Second Episcopal District Academic Camp and their employees, volunteers, and agents from any liability or expense that may arise from my child's participation in youth events and any travel related incidents going to and from and while participating in such event. I understand that the Church maintains an excess umbrella insurance policy generally covering the liability of its volunteers, as well as excess uninsured and underinsured motorist coverage.

*Signature of Parent/Guardian _____ Date _____
 *Signature of Parent/Guardian _____ Date _____

Transportation to the Academic Summer Camp 2010 location will be Airplane Private Bus Private Automobile Other

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____