

**July 7-12
2024
FAMILY
REGISTRATION**



<u>Adult T-shirt sizes</u>	
S	M L XL XXL XXXL
Family Member Name	T-Shirt Size

Please print information clearly in black or blue ink

Name	Sex (M / F)	Birth date	Age at event	Grade Fall '23	Date of Last Tetanus	Medications/Allergies/Medical Conditions

Family Info: E-Mail: _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell (____) _____

CHURCH _____ Pastor _____

Street Address _____ Youth Leader _____

City _____ State _____ Zip _____ Phone (____) _____

HEALTH INSURANCE INFORMATION: If no insurance, check here:

Your family's insurance card information is necessary to attend. Please make certain a photocopy of the FRONT and BACK of your insurance card(s) is(are) attached to the registration form.

Physician _____ Phone (_____) _____
(for students)

Physician _____ Phone (_____) _____
(for adults if different from above)

Dentist _____ Phone (_____) _____
(for students)

Dentist _____ Phone (_____) _____
(for adults if different from above)

OTHER EMERGENCY CONTACT PERSON: *Other than a parent/guardian?*

Name _____ Relation _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell (_____) _____

PARTICIPANT AGREEMENT: I agree to participate in the entire Christian Endeavor Summer Assembly week with enthusiasm. I will conduct myself in a Christian manner and follow the Guidelines.

Participant Name	Signature	Date

Check here if you do *NOT* want to receive email information about Christian Endeavor

****Submit your *Youth Medical Form*, and a copy of your *Insurance Card* with this *Youth Registration Form* to your group leader. Please mail all registrations and payment to registrar, *Nancy Thompson, 2969 Highpoint Road, Cochranville, PA 19330. A group check should be made payable to Christian Endeavor.***

Cost: \$380 (Room and t-shirt guaranteed if ALL forms and payment is received by 4/30/2024).

M&M cost is \$200 (application and recommendation required).

After 4/30/2024 contact registrar for room availability

Registrar: Nancy Thompson (njane1258@yahoo.com or 610-593-2440)

Make checks payable to your group so one check can be mailed to Christian Endeavor.

CHRISTIAN ENDEAVOR

FAMILY LIABILITY AND MEDICAL RELEASE FORM

I, _____ (parent or guardian) hereby give permission for my children

to attend an event coordinated by The Pennsylvania Christian Endeavor Union, Inc. (Christian Endeavor). I acknowledge and accept the risks of injury associated with the event. Therefore, I authorize and empower Christian Endeavor and any adult authorized to act on behalf of Christian Endeavor to order or approve medical treatment for my children as fully as I could do if I were on site. And, in the event that I am an attendee at the event and deemed unconscious, incoherent or unable to make an intelligent decision, and my Spouse/emergency contact is unavailable I, _____ (adult participant), hereby authorize and empower The Pennsylvania Christian Endeavor Union, Inc. (Christian Endeavor), and any adult authorized to act on behalf of Christian Endeavor to order or approve medical treatment for myself as fully as I could do if I were able. Medical treatment for my children and me may be needed for, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In absence of my spouse/emergency contact, Christian Endeavor and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit myself to any form or type of medical treatment, including surgery or anesthesia or transfusions or medications or other medical procedures, by any licensed health care provider. In the absence of my spouse/emergency contact, I hereby grant Christian Endeavor and its authorized adult representatives, a medical power of attorney as to myself and I grant to them the power to make all medical decisions and to authorize and approve all medical decisions and procedures in the same manner as I would if I were personally making such decisions.

I understand and agree that I am responsible for my family's medical insurance. I agree to reimburse Christian Endeavor for any medical bills or other expenses incurred regarding any medical treatment for my family. I have provided Christian Endeavor with accurate current health information on the event Registration Form.

I understand that Christian Endeavor is not responsible or liable for my family's personal effects and property and that Christian Endeavor will not provide security for or lock up any items. I will hold Christian Endeavor harmless in the event of theft or loss resulting from any source or cause. I further understand that my family is to abide by whatever rules, regulations and local laws are in effect at the time and location of the event.

In the event that any loss occurs as a result of damage to Christian Endeavor property, or to any buildings, it is agreed that I will pay to repair or replace the damage caused.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold harmless Christian Endeavor and all of its officers, agents, employees, volunteers, member churches, and related persons and entities from any liability, damage, claim, expense, injury, death, or other loss of any nature involving or related in any way to myself even though such liability, loss, damage, claim, expense, injury, or death may have been caused in part or exclusively by any negligence of Christian Endeavor or negligence of one or more of its officers, agents, employees, volunteers, member churches, or related persons or entities. My indemnity agreement extends to attorney's fees and all litigation costs.

Christian Endeavor is not responsible for the purchase of medicine or special foods for my family during the event.

Attending the event acknowledges that Christian Endeavor may store my family's name and images by means of digital or film photography, video photography, audio recording or other documentations. Christian Endeavor may also use any stored data, including my family's name and images, in printed and electronic publications as well as on any web site created by Christian Endeavor.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable dispute resolution process. If Christian Endeavor and I cannot agree upon a process of resolution, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the *American Arbitration Association*.

Signatures by ALL persons with legal responsibility for the child, including parents, guardians, caregivers, or single parents are required. (See next page)

Signatures by ALL persons with legal responsibility for the child, including parents, guardians, caregivers, or single parents are required.

If you are a single parent with sole custody please check here:

1) Parent's/guardian's name (**print**) _____

Parent's/guardian's signature _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Work (_____) _____ Cell (_____) _____

2) Parent's/guardian's name (**print**) _____

Parent's/guardian's signature _____ Date _____

If different than above, please complete the following:

Street Address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Work (_____) _____ Cell (_____) _____

Participants' Printed Name	Participants' Signature	Date