

July 7-12  
2024



a ministry event of  
Christian Endeavor

**YOUTH  
REGISTRATION**  
(UNDER 18 Years of Age)

List room-mate preference below  
We'll do our best to put you together

1<sup>st</sup> choice \_\_\_\_\_  
2<sup>nd</sup> choice \_\_\_\_\_

**Circle your T-shirt size:**

S      M      L      XL      XXL      XXXL

**Please print information clearly in black or blue ink**

**PARTICIPANT'S NAME:** \_\_\_\_\_

Sex: \_\_\_ M or \_\_\_ F Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_

Street Address \_\_\_\_\_ Age at event \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Grade in school this fall \_\_\_\_\_

**CHURCH** \_\_\_\_\_ Pastor \_\_\_\_\_

Street Address \_\_\_\_\_ Youth Leader \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**GENERAL HEALTH INFORMATION:**

List any medications needed; physical limitations; allergies to food, drugs or bee stings, etc; current illnesses; concerns like asthma, heart problems, diabetes, seizures, etc; and any other helpful information. C.E. is not responsible for the purchase of medicine or special foods. *Youth leaders are responsible for dispensing any medications to their teens.* \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

**HEALTH INSURANCE INFORMATION:** If no insurance, check here:

**Your insurance card information is necessary to attend. Please make certain a photocopy of the FRONT and BACK of your insurance card is attached to the registration form.**

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Name \_\_\_\_\_ Relation \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**STUDENT 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 Teen Guidelines.

Signature of participant: \_\_\_\_\_ 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](mailto:njane1258@yahoo.com) or 610-593-2440)

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

**CHRISTIAN ENDEAVOR  
YOUTH PARENTAL LIABILITY AND MEDICAL RELEASE FORM**

I, \_\_\_\_\_ (parent or guardian) hereby give permission for my child

\_\_\_\_\_ 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 child as fully as I could do if I were on site. Medical treatment may be needed for, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. Christian Endeavor and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit my child to any form or type of medical procedures, by any licensed health care provider. I hereby grant Christian Endeavor and its authorized adult representatives, a medical power of attorney as to my child 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 child's medical insurance. I agree to reimburse Christian Endeavor for any medical bills or other expenses incurred regarding any medical treatment for my child. I have provided Christian Endeavor with accurate current health/medical information for my child on the event Registration Form.

I understand that Christian Endeavor is not responsible or liable for my child'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 I am 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 if my child is involved, I will pay to repair or replace the damage caused by my child.

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 or my child, 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 child during the event.

Attending the event acknowledges that Christian Endeavor may store my name and image by means of digital or film photography, video photography, audio recording or other documentations. Christian Endeavor may also use any stored data, including my name and image, 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, the Parents/Guardians agree to resolve the matter through a mutually acceptable dispute resolution process. If the child, Parents/Guardians and Christian Endeavor 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.**

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 (\_\_\_\_\_) \_\_\_\_\_

3) Teen's name (**print**) \_\_\_\_\_

Teen's signature \_\_\_\_\_ Date \_\_\_\_\_