

Youth Assembly for 6th -12th Graders

170th Regional Assembly
April 20-22, 2018



Registration starts
at 5pm (on 4/20)
at the Greenville
Convention Center

**Mission, Food,
Praise, Fun, and
Real Beds!**

It's like a church
lock-in but with
every other church
in North Carolina!!

Youth Assembly for 6th - 12th Graders
April 20-22, 2018 in Greenville, NC

Registration begins Friday at 5pm
at the Greenville Convention Center

Cost: \$100 - includes hotel for 2 nights,
Friday Supper, Saturday Breakfast, Lunch,
Supper and Sunday Breakfast
OR if you don't need lodging
\$50 including the meals listed above
Deadline: April 13, 2018

Name: _____

Address: _____

City/State/Zip: _____

Male/Female _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Parent's Cell or Primary Number: _____

Parent's Email Address: _____

Church: _____

Circle Grade you are currently in: 6 7 8 9 10 11 12

Health Insurance Carrier/Policy#: _____

(please bring a copy of card)

General Health: _____

Limitations: _____

Special Diet (food allergies/vegetarian): _____

Attach food allergy information and bring a dosage schedule with written instructions in zip-loc bag

Other Allergies: _____

Dr.'s Name and Phone Number: _____

I hereby give permission for the above child to participate in all activities of the Youth Assembly event. I hereby authorize the adult leaders to act for me according to their best judgement in any emergency requiring medical attention, understanding that every effort will be made to contact me or the other emergency contact person listed below. I acknowledge that all medical information given is accurate and I agree to notify the Christian Church in North Carolina if any medical change occurs before this event.

I will not hold the Christian Church in North Carolina, regional staff, or the adult leaders liable for injury, trusting the Youth Assembly will be supervised in a responsible manner.

Parent/Guardian Signature _____

Date _____

Other Emergency Contact Person(s) _____

Phone Number(s): _____

I Need a Hotel Room (CIRCLE ONE): YES / NO I Want to Room With: _____

Limited Liability Waiver

Acknowledgement of the Center's Faith-based perspective: I acknowledge that the Third Street Education Center is a Christ-Centered (Christian Faith-Based) non-profit organization (you may ask for a copy of our statement of faith). Third Street does not limit, nor discriminate, against anyone based on religious affiliation (see TSEC policy #Y003). I give permission to the TSEC to speak to/about, discuss and/or teach the tenants of the Christian faith, including referencing the Bible as a part of some programming at the Center. I also acknowledge that I have received a copy of the TSEC Statement of Faith. I recognize that I do not have to participate in the faith-based components of TSEC programming. I agree to not teach or speak against the TSEC Statement of Faith in my capacity as a volunteer.

Functions and Activities: I understand that participating in programs, service, recreation and other activities of Third Street Education Center is voluntary. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents.

Release of Liability: By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the organization, its Board Members, leaders, employees, volunteers, property owners and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the organization, its Board members, leaders, employees, volunteers, property owners or agents. I further agree to indemnify and hold harmless the organization, its Board members, ministers, leaders, employees, volunteers, property owners or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities. I hereby authorize the staff at the Third Street Community to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Third Street Education Center and its staff from any and all liability for any injury or illnesses incurred at any facility.

This release of liability also gives permission to take photos and permission to release these photos in all types of publications.

Printed First Name

Last name

Signature

Date



Basic Volunteer Form

Contact Information

First Name _____ Last name _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ E-mail _____

Emergency Contact

First Name _____ Last name _____ Phone # _____

First Name _____ Last name _____ Phone # _____

How Did You Hear About Us?

- Website Friend or Family (If so, who? _____)
- Social Media (Facebook/Twitter) Church (If so, which one? _____)
- ECU (CLCE or Service Learning Course) Other (_____)

Interest

What type(s) of volunteer service are you interested in providing at Third Street?
