

Children & Youth Information Form

This form is a separate Release and Medical Form and Youth Covenant for the 171st Regional Assembly of the Christian Church in Georgia which must be completed for each child/youth and returned by **April 22, 2024**. Please note that all children and youth attending the 171st Regional Assembly also must be registered for the event at www.gadisciples.org/regional-assembly-2024.

Child/Youth Name

Guardian Name

Mailing Address Line 1

Mailing Address Line 2

Primary Phone #

Email

Church Name/City

Instructions:

1. Fill out form completely. Youth grades 6th-12th must read and sign Youth Covenant.
2. Make a copy of child's insurance card (both sides) to send with this form.
3. Email copies of this form and insurance card to jalisa@gadisciples.org. Form and copy of insurance card may also be mailed to the Christian Church in Georgia, 2306 Vineville Ave., Ste. B, Macon, GA 31204.

Release & Medical Form

Children/Teen (Infant to 12th grade/ age 18
I hereby give my permission for child/teen to participate in the 171st Regional Assembly for the Christian Church (Disciples of Christ) in Georgia on April 25-27, 2024. I give permission for my child to be transported by bus/van and to walk with their group to planned activities lead by adult chaperones. In consideration for the Christian Church (Disciples of Christ) in Georgia; I agree to release from liability the Christian Church in Georgia and its staff, volunteers, board members, officers, as well as First Christian Church in Macon, GA, for any damages or injuries sustained to property or persons arising out of, or in connection with, activities conducted by of through the Christian Church in Georgia during the 171st Regional Assembly. By registering my child for this event, I acknowledge that he/she may be photographed during the event. I give permission for the Christian Church (DOC) in Georgia to post my child's photos on its website and social media and use the photos in publicity to promote future events sponsored by the Christian Church in Georgia.

Parent Signature

Date

In case of illness or accidental injury, I give authorization to the chaperones for treatment for the illness or injury, if I am unable to be reached.

Parent Signature

Date

Phone #

Emergency Contact

Phone #

Medical Information

Include a clear copy of child's insurance card (both sides).

Allergies:

Medication:

Doctor's Name & Phone #

Youth Expectations & Covenant

Grades 6th – 12th

I promise to participate fully in the activities/programs; to be respectful of my peers, my chaperones, the property and myself. I promise not to possess any illegal substances or firearms. I understand that transportation will be provided for me to events associated with the 171st Regional Assembly. By signing this statement, I am in agreement with the expectations stated

Signature of Participant

Date