

**EIGHTH EPISCOPAL DISTRICT
CHRISTIAN EDUCATION CONGRESS**

Registration/ Medical/ Consent Form

(Please print or type)

Title: Please Check One (1)

Bishop Presiding Elder Evangelist Reverend Mr. Mrs. Ms. Youth
 Other _____

Male _____ Female _____

Name of Participant _____

Address _____

Telephone Number: (____) _____

If Youth, Name of Parent or Guardian _____

If Youth (up to 21), please give age _____

Presiding Elder's Name _____

Presiding Elder's District _____

Annual Conference _____

Name of Church _____

Pastor's Name _____

If Youth, give name of Chaperone _____

List any handicaps, medications, or other special needs of participant:

In case of emergency, notify: _____

Telephone Number (____) _____ Expected Date of Arrival _____

On Campus _____ Off Campus _____

I, the undersigned, do hereby grant permission to the Director of Christian Education or Designee to obtain for my child, _____, general medical services, emergency and/or surgery as deemed necessary and appropriate for the ongoing health and safety of said child by a licensed physician and/or medical facility.

I, _____ do hereby give permission for my child, _____ to swim.

I, _____ do hereby do not give permission for my child, _____ to swim.

Signature _____

Amount enclosed: \$ _____