

2023 CYF SEMINAR REGISTRATION

“FACE TO FACE WITH OTHER FAITHS”

JULY 3-11, 2023

Please use ink. Print all information. Complete entire form.

Name_____

Address_____

City_____, KY, Zip_____

Birth date_____ Age_____ Grade_____ Gender_____

T-shirt size: _____

Home Phone_____ Emergency Phone_____

Youth Cell Phone: _____

Student's E-Mail_____

Parent Mobile Phone Parent(s) E-Mail_____

Home Congregation_____

___ Yes, the region/area has permission to photograph my child for promotional purposes including internet, newsletters and film.

___ No, do not photograph my child.

Have you ever traveled by air? _____

Have you ever visited Washington DC or New York City? _____

HEALTH TREATMENT PERMISSION FORM
2023 CYF SEMINAR
Effective date July 3, 2023 to July 12, 2023

Name of youth participant _____

Date of Birth _____

Grade in school (completed) _____

Full Address _____

Emergency contact person (other than parent) and phone numbers

Name of Medical Insurance Company _____

Policy number _____

Physician Name _____ Phone number _____

List any medical allergies, medications being taken, medical problems, or other pertinent information. _____

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission for a representative of the CCK CYF SEMINAR to secure the services of a licensed physician to provide the care necessary.

Signed: _____ Date _____

(Parent or legal guardian)

SEMINAR COVENANT

I have read and agree to the following code of conduct:

- ✓ I will always be respectful to all persons and conduct myself according to the trip environment.
- ✓ I understand that possession of drugs, alcohol, tobacco, or weapons of any kind, are prohibited, and I will be sent home immediately at my own expense if these items are found in my possession.
- ✓ I will always stay with the study group and understand that wandering off on my own or with another person without permission is unacceptable and warrants termination of my trip at my expense.
- ✓ I covenant to enjoy this trip as an opportunity to know God and learn about other cultures to know people of other faiths and acquire a greater understanding of their beliefs as well as a greater appreciation of my own. Therefore, I will participate fully in all activities endeavoring to get the most out of my trip.
- ✓ I will not damage property and understand that I will be held financially responsible for any repairs or restitution resulting from my actions.
- ✓ I promise not to steal from anyone.
- ✓ I will not get any piercings or tattoos on this trip.
- ✓ I understand that I may be sent home at my own expense for consistently behaving in a way that does not reflect the grace and love that is associated with persons who claim the Christian faith.

Parent(s) Signature_____ Date_____

Participant's Signature_____ Date_____