

**CYF SEMINAR REGISTRATION**  
**FACE TO FACE WITH OTHER FAITHS”**  
**JUNE 11-18, 2024**

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

## 2024 CYF SEMINAR

Name of youth participant \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone# \_\_\_\_\_

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, 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 people 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 \_\_\_\_\_