

## REGISTRATION FORM

**Registration Deadline: April 8, 2024**

**(Only one person per registration)**

Name: \_\_\_\_\_

If under 18 Parent/

Guardian Name: \_\_\_\_\_

(Complete Permission Slip and Attach)

Mailing Address: \_\_\_\_\_

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Primary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Name/City: \_\_\_\_\_

\*By registering for this event, I acknowledge that I may be photographed during the event. I give my permission for the Christian Church (Disciples of Christ) In Georgia to post my photos on its website and use them in publicity to promote future events sponsored by them.

### REGISTRATION FEES

*(Please select all that apply)*

- |  |         |
|--|---------|
| <input type="checkbox"/> Adult                             | \$50.00 |
| <input type="checkbox"/> Student                           | \$45.00 |
| <input type="checkbox"/> Senior (55years+)                 | \$45.00 |
| <input type="checkbox"/> Host Church                       | \$45.00 |
| <input type="checkbox"/> Childcare                         | Free    |
| <input type="checkbox"/> Children (K – 5)                  | \$10.00 |
| <input type="checkbox"/> Youth (Lock-in at Camp Christian) | \$45.00 |

### MEALS and EVENTS

- |  |         |
|--|---------|
| <input type="checkbox"/> Thursday Clergy Gathering             | \$10.00 |
| <input type="checkbox"/> Transformative Community Conf. Friday | \$20.00 |
| <input type="checkbox"/> Friday BBQ Dinner                     | \$22.00 |
| <input type="checkbox"/> Men's Luncheon                        | \$25.00 |
| <input type="checkbox"/> Women's Luncheon                      | \$27.00 |

***Make checks payable to:***

Christian Church in Georgia

2306 Vineville Avenue, Macon, GA 31204

***Registration is also available on-line at [www.gadisciples.org](http://www.gadisciples.org)***

## RELEASE AND MEDICAL FORM

Children – Teen (Infant to 12<sup>th</sup> grade (18 years)

I, \_\_\_\_\_, parent/guardian  
\_\_\_\_\_ who is \_\_\_\_\_ years old and  
in the \_\_\_\_\_ grade;

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 26-27. 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 Athens, GA, and Union Christian Church 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 171<sup>st</sup> 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 use the photos in publicity to promote future events sponsored by the Christian Church in Georgia.

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.

Signature of Parent

Date

Phone Number

Emergency Contact

Phone Number

## MEDICAL INFORMATION

*Attach a clear copy of child's insurance card (both sides)*

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Doctors Name  
and Phone  
Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **YOUTH EXPECTATIONS AND 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 171<sup>st</sup> Regional Assembly.

By signing this statement, I am in agreement with the expectations stated

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Signature of Participant

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Date