



## STUDENT REGISTRATION FORM

**PLEASE PRINT OR TYPE and RETURN TO CHURCH COORDINATOR**

NAME: First: \_\_\_\_\_ Last \_\_\_\_\_

CONGREGATION \_\_\_\_\_ CITY \_\_\_\_\_

GRADE \_\_\_\_\_ GENDER (male \_\_\_\_\_ female \_\_\_\_\_)

T-SHIRT SIZE: Adult (S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_) or Youth (M \_\_\_\_\_ L \_\_\_\_\_)

ATTENDING CONVENTION YES \_\_\_\_\_ NO \_\_\_\_\_

PIZZA CHOICE CHEESE \_\_\_\_\_ PEPPERONI \_\_\_\_\_ COMBINATION \_\_\_\_\_

Please check the events in which you will be participating. Please circle team or individual where indicated on the form.

### PRE-CONVENTION EVENTS

These events should be sent to the appropriate event coordinator for judging before the convention. Check rules information for each event for the place to send entries. The deadline date for pre-convention events is **February 15, 2018**.

_____ BIBLE CLASS TEACHING	_____ DAILY DEVOTIONAL CHALLENGE
_____ BIBLE QUIZ team _____ or individual _____	_____ LEADERSHIP CHALLENGE
_____ CHILDREN'S BOOK	_____ POETRY
_____ CHRISTIAN CARD DESIGN	_____ RADIO MINUTE MESSAGE
_____ CHRISTIAN ESSAY	_____ SCRIPTURE CHALLENGE
_____ CHRISTIAN FICTION	_____ SERVICE CHALLENGE
_____ CHRISTIAN MEDIA & FILM	_____ SONG WRITING
_____ CHURCH BULLETIN	_____ WEB SITE DEVELOPMENT
_____ DEVOTIONAL LEADER	

### DISPLAYED EVENTS

These events are completed prior to the convention; and are brought to the convention for display and judging.

_____ BULLETIN BOARD team _____ or individual _____	_____ SCRAPBOOK team _____ or individual _____
_____ CHRISTIAN ART	_____ WORSHIP BANNER team _____ or individual _____

### CONVENTION EVENTS

_____ BIBLE BOWL	_____ PUPPETS
_____ BIBLE READING	_____ SIGNING FOR THE DEAF
_____ CHORUS – small	_____ SONG LEADING
_____ CHORUS – large	_____ SPEECH (Prepared)
_____ LIVE MODERN CHRISTIAN DRAMA team _____ or individual _____	_____ SPEECH (Extemporaneous)

I agree to be respectful and courteous through my actions, honoring the rules and guidelines set before me by the hotel and LTC staff and by LTC rules.

STUDENT SIGNATURE: \_\_\_\_\_



## GENERAL RELEASE

### ANNUAL LEADERSHIP TRAINING FOR CHRIST, WESTERN REGION

#### Acknowledgement of Risks, Assumption of Risk and

#### Responsibility and Release of Liability

**Warning:** Although precautions are taken to provide a safe and enjoyable experience, there can be no guarantee of absolute safety against injury and accident. There are significant elements of risk in any travel, adventure, sport, convention of people, but not limited to these activities alone, and the use of any related equipment and facilities.

**Express Assumption of Risk and Responsibility:** In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment and facilities. I/We participate willingly and voluntarily, and I assume full responsibility for damage to or loss of personal property as the result of any accident that may occur for which I/we are responsible.

**Release:** In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, and heirs, personal representatives or assigns, hold harmless and do hereby release: Leadership Training For Christ, Western Region, its board, trustees, and all others associated with the convention, for all liability and waive any claim for damage arising from any cause whatsoever (except that which is a result of gross negligence) growing out of or related to any activity or function growing out of or related to any activity of the convention in which the undersigned or a member of the immediate family of the undersigned participates. I give permission for my child to be videotaped at the convention to be used for promotional purposes.

***I HAVE READ THE FOREGOING ACKNOWLEDGMENT OF RISKS, ASSUMPTION OF RISK AND RESPONSIBILITY, AND RELEASE OF LIABILITY. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE FOR ALL INJURIES AND DAMAGES THAT I, OR ANY MINOR CHILDREN FOR WHICH I AM RESPONSIBLE, MAY SUSTAIN AS A RESULT OF PARTICIPATION IN THIS ACTIVITY.***

**Participant (Student) Name**

(Printed) \_\_\_\_\_

**Parent or Legal Guardian**

(Printed) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_



## CONSENT FOR EMERGENCY MEDICAL TREATMENT

(When parent is NOT attending the Convention)

**CHURCH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

California Civil Code Section 25.8 expressly provides "that a parent may authorize an adult into whose custody a child is entrusted to consent to necessary dental and medical treatment to wit."

Either parent, or a guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent X-ray examinations, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under the general supervision and advise of a physician and surgeon licensed under the provisions of the Medicine Practice Act, or to X-ray examinations, anesthesia, dental and/or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

**AUTHORIZATION**

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize adult Church of Christ youth activity chaperones to procure medical, hospital, or dental care for my child \_\_\_\_\_ in the event of injury or illness, while the child is in their care. I understand and agree that I am financially responsible for any care so procured.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent or Guardian)

THIS CONSENT FORM IS TO BE LEFT WITH THE ADULT INTO WHOSE CARE THE CHILD IS ENTRUSTED.

(It is understood that an exhaustive effort will be made to contact the parent or guardian of the child before treatment is given.)

**Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Parent's Contact Information**

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Child's Last Tetanus Shot:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**NOTE:** Church Coordinator must verify they have this Release in their possession on arrival at Leadership Training for Christ Registration Central.