

2019 FALL WORKSHOP REGISTRATION

to pay in full by credit card

register online at
wvumc.org/fall-workshop

YOUTH INFORMATION

Youth Name				Date of Birth	
Address				Male <input type="checkbox"/>	Female <input type="checkbox"/>
City		State		Zip	
Youth Cell Phone				Grade	
Home Church				District	
Roommate Choice (max of 2 choices – all parties (must request each other)	(1)		(2)		

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name			Home Phone	
Email			Cell Phone	

WORKSHOP CHOICES (Each youth will attend 2 workshops. Please select your top 3 choices.)

1	Games with the Spring Heights Staff	5	Comedy Improv	
2	Prayer Labyrinth	6	How we learned about HOPE from the hopeless	
3	Geocaching	7	Writing as a Spiritual Practice	
4	What Does God Want Me to Be When I Grow Up?	8	Learn about CCYM and Youth 2019	
Workshop Selection:		1 st Choice:	2 nd Choice:	3 rd Choice:

SHIRT ORDERS (Registration must be received before November 1 to receive a shirt.)

Fall Workshop T-Shirt (included): S: _____ M: _____ L: _____ XL: _____ XXL: _____

EMERGENCY CONSENT PERMITTING CARE OF MINORS

If the staff of the youth event has to bring your child to the Emergency Room facilities for treatment, any person under 18 years of age cannot authorize treatment for him/herself. To assist your child in obtaining treatment, please complete the form below.

I, the undersigned parent or guardian, do hereby grant permission for the above named applicant to attend the youth event. In order that my child may receive the necessary medical treatment from the medical staff of an area hospital, I hereby consent to medical treatment for my child for such injury or illness during the youth event and authorize the adult or event staff to obtain such treatment. I hereby release and discharge the responsible adult, event staff, the Conference Council on Youth Ministries, the WV Conference and the event location from any and all debts, judgments, or suits of any kind that may arise or be occasioned as a result of the applicant's participation in the youth event. I further acknowledge and understand that while participating in the youth event there is a possibility of physical illness or injury and that my child assumes the risk for such illness or injury by his/her participation.

Parent/Guardian Name - printed

Parent/Guardian Signature

EMERGENCY CONTACT AND MEDICAL INFORMATION (Please attach additional sheet if more space is needed.)

Name		Name	
Relationship		Relationship	
Phone		Phone	

Special Medical Conditions: Yes <input type="checkbox"/> No <input type="checkbox"/>	Explain: _____
Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>	List: _____
Current Medications: (please include over-the-counter)	List: _____

PAYMENT INFORMATION (to pay in full by credit card – please register on-line at wvumc.org/fall-workshop)

Form and payment should be mailed to : Conference Treasurer PO Box 2469 Charleston, WV 25329	Please include "fall workshop" on check memo line.	Check Number _____	Amount Enclosed \$ _____	Amount Due \$ _____
Who is paying the amount due? _____				

Office Use Only	Batch Number	
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