

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											
<p>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.</p> <p>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.</p>											
_____ 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				Check Number _____		Amount Enclosed \$ _____		Amount Due \$ _____			
Please include “fall workshop” on check memo line.				Who is paying the amount due? _____							
					Office Use Only		Batch Number				