



# 2015 International Convention Youth Registration Form

July 21-26, 2015 • San Jose, California

Please press firmly and PRINT clearly. **COMPLETE BOTH PAGES OF THIS FORM.**

Age Group: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School Last Year: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Name of Your Sponsor at this Convention: \_\_\_\_\_

Relationship: \_\_\_\_\_ Your Hotel and Room Number: \_\_\_\_\_

\* Permission to leave meeting room at the conclusion of each youth session: Yes \_\_\_\_\_ No \_\_\_\_\_  
(Age 12 and up only)

Child may be picked up by:

\_\_\_\_\_  
(Other than primary sponsor, i.e. sibling, friend's parent, etc.)

## Medical Release

The parents or guardian granting this authority is \_\_\_\_\_

The person who is the authorized caregiver is \_\_\_\_\_

The Gideons International is authorized to provide the specified care for the child:

\_\_\_\_\_  
Powers Granted by this Authorization—The following powers are granted over the above-named child or children:

**The power to seek medical care for the children, including, but not limited to, visits to the doctor and/or hospital. The power to authorize medical treatment or medical procedures in the event of an emergency situation.**

This authorization will become effective on July 21, 2015, and will remain in effect until terminated by the undersigned parents or guardians.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

## Conduct

Youth should always conduct themselves as Christian examples. Smoking is not allowed. Any sign of drugs or alcohol is to be reported to family or guardian and the youth will not be allowed to attend the youth program. Physical display of affection with opposite sex is also not appropriate.

Once a participant chooses not to attend a scheduled program or they leave during an activity on their own volition, that individual will not be allowed to participate in any further youth program activities for the remainder of the convention. This policy will be strictly enforced.

**Dress Code (please read carefully)**

Youth should be dressed in a comfortable, clean and appropriate manner. The clothing is to be suitable to the individual's physique, neither too tight nor too loose. T-shirts should not have objectionable slogans, advertisements or pictures. It will most likely be warm so shorts may be appropriate. On days that we go to swim parks, swimsuits for girls should be one-piece. Please make sure swimsuits are modest in design and fit. It must be remembered that our youth program represents a Christian Association and everyone needs to be an example.

I agree to the above

Youth \_\_\_\_\_ (Date) \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ (Date) \_\_\_\_\_

Please check here if your child-participant has a unique health history. (See other page)

Please record below relevant information regarding current prescription medications, food, or medical allergies, and /or any physical or medical condition requiring special consideration. **\*Please note that an adult sponsor will need to accompany special needs youth at all times unless otherwise arranged with the youth coordinator and the youth directors of the age group.**

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**Release Form:** Please press firmly and PRINT clearly

**Release of All Claims**

In consideration for being accepted by The Gideons International for participation in the International Gideon Youth activities, for and on behalf of my child-participant, I do hereby release, forever discharge and agree to hold harmless The Gideons International and the directors of the youth activities or directors of the Convention from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the child-participant that occur while said child is participating in the above described activities.

Furthermore, I, on behalf of my child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreational and work activities involved therein.

Further, authorization and permission is hereby given to said Association to furnish any necessary transportation and food for this participant.

I, the parent, grandparent, sponsor, or legal guardian of this participant, hereby grant my permission for him/her to participate fully in said activities, and hereby give permission to take said participant to a doctor or hospital, and hereby authorize medical treatment, including, but not in limitation to, emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any.

I agree to the above

Youth \_\_\_\_\_ (Date) \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ (Date) \_\_\_\_\_