



2017 Capital District Church School Convention

Capital District Church School Convention • 11400 Glenn Dale Boulevard • Glenn Dale, MD 20769
Register online at <http://waccapitaldistrict.org/>

REGISTRATION INFORMATION *PLEASE PRINT CLEARLY!*

Name: _____ Gender: Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____ Church Name: _____

Anticipated Participation: _____ Friday Only _____ Saturday Only _____ Both Friday & Saturday

Age Group: _____ 3-5 yrs _____ 6-8 yrs _____ 9-11 yrs _____ 12-14 yrs _____ 15-18 yrs _____ Adult

Are you willing to volunteer at this year's Capital District Church School Convention? YES NO

REGISTRATION DEADLINE: FRIDAY, July 15, 2017

It is **MANDATORY** for all participants to complete the Permission Form below.

CAPITAL DISTRICT CHURCH SCHOOL CONVENTION PERMISSION FORM

I permit my son/daughter and myself to participate in the **2017 Capital District Church School Convention**. I agree in the event of an injury to my son/daughter or I during participation, any medical treatment we must undergo as a result of said injury will be covered by my own medical insurance coverage or my own responsibility.

Therefore in the event of injury to my son/daughter or I, we release from responsibility the Capital District Church School Council, its subsidiaries and all members connected to this event.

We understand that in the event medical treatment is required, every effort will be made to contact the legal parent(s) or guardian(s). However, if the parent(s) or guardians(s) cannot be reached, permission is granted to the Capital District Church School Convention staff to seek the services of a licensed physician to provide necessary care to ensure the safety of the child.

Health Warranty: I warrant and represent that my son/daughter or I have no disability, impairment or ailment that prevents us from engaging in active or passive exercise. I make this representation knowing that the Capital District Church School Council and its subsidiaries (Organization) will rely upon it in allowing us to participate in Organization activities.

Waiver of Claims: I expressly agree that my participation or my son's/daughter's participation in the Organization activities are undertaken at our sole risk and that the Organization's owners, managers, employees and agents (Management) shall not be liable for any damages or injuries to myself, my son/daughter or my property or be subject to any claim, demand, or cause of action, including for any injury or damage resulting from the negligence of the Organization its Management or other organization participants.

Release of Organization: I, on behalf of myself, my son/daughter, my executors, administrators, heirs, assigns and successors, do hereby fully and forever release and discharge the Organization and its Management from all such claims, demands, injuries, actions or causes of action.

Consent: I consent to pictures being taken of my son/daughter or I by the Organization and understand that such pictures will become the property of the Organization. The Organization may use them for promotional purposes without the payment of fees or other compensation to my son/daughter or I.

Minors: Where the participant listed above is a Minor (under 18 years old), I, as the minor's parent or legal guardian, expressly make the Health Warranty and agree to the Waiver of Claims, Release of Organization and Consent provisions contained above. I authorize the Organization and its Management to obtain medical treatment for my dependent minor.

Parent/Guardian Signature: _____ Date: _____

Birthdate of Minor: _____ Special Needs/Allergies: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Emergency Contact Person: _____ Phone Number: _____