



African Methodist Episcopal Church
 Second Episcopal District
 2016 Leadership Congress
CAUGHT UP BUT NOT DISTRACTED

REGISTRATION FORM

Name _____ Clergy / WMS / Lay / Youth / Young Adult / Youth Worker
 Address _____ Cell phone () _____
 City _____ State _____ Zip Code _____ Age of Youth _____
 Parent/Guardian _____ Telephone () _____ Email _____
 Church Office Held _____ [] Connectional [] Episcopal [] Conference [] Area [] Local
 Local Church _____ Conference _____
 Name of Chaperone _____ Registration Fee(s) Enclosed: \$ _____ (Adults - \$115; Youth - \$75)

One adult chaperone required per every 5 youths (5yrs. - 12 yrs.) or 10 youths (13 yrs. - 17 yrs.).

Name and location of the hotel used: _____

Please mail completed form and fees to your Conference/PE District Registrar before July 1, 2016:

Conference	Presiding Elder	Registrar	Presiding Elder	Registrar
Baltimore	The Rev. Ernest Montague	Sis. Mary Fisher	The Rev. Cordell E. Hunter	Sis. Caldonia Henry
Washington	The Rev. Dr. Louis-Charles Harvey	The Rev. Karen Myers	The Rev. Dr. Ronald E. Braxton	The Rev. Louis Kelly
Virginia	The Rev. Chester Morris	Sis. Teresa Morris	The Rev. Dr. Quentin White	Sis. Fay Wright Wilson
North Carolina	The Rev. Evelyn Gail Dunn	Sis. Larrenda Graham	The Rev. Larry S. Hinton	Sis. Edna Watson
Western North Carolina	The Rev. J. Bernard Wilder	The Rev. Alphonso McGlen	The Rev. Dr. Conrad Pridgen	The Rev. Thomas O. Nixon

Parent Consent for Participation
Waiver of Claims and Medical Authorization

(Name of Child) _____ has my permission to participate in the activities associated with the 2016 Leadership Congress, Monday, July 25, 2016 through Wednesday, July 27, 2016.

I, _____, agree to direct my child to cooperate and to conform with directions and instructions of the Second Episcopal District 2016 Leadership Congress representatives in charge of the trip(s).

Should it be necessary for my child to have medical treatment while participating in this trip/these trips, I hereby give the Second Episcopal District 2016 Leadership Congress representatives permission to use their judgment in obtaining medical services, and I give permission to the physician selected by the said representatives to render medical treatment deemed necessary and appropriate by the physician. I understand that the Second Episcopal District 2016 Leadership Congress has no insurance covering such medical or hospital cost incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility.

- I am covered by accident/medical insurance. Insurance Name & Policy Number:
- My child is covered by accident/medical insurance. Insurance Name & Policy
- Number: My child is not covered by accident/insurance.

Transportation to the location will be:

- Airplane Private Bus Private Automobile Other

Emergency Contact Name: _____ Number: _____

Parent/Guardian Signature:

Date:

Phone: