

# African Methodist Episcopal Church

Second Episcopal District  
 2015 Leadership Congress  
 Effective Christian Leadership  
 Empowered by Prayer, Praise, and Proclamation: Destined for Greatness

## 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 June 15, 2015:**

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. Louis-Charles Harvey	The Rev. Karen Myers	The Rev. Ronald E. Braxton	The Rev. Louis Kelly
Virginia	The Rev. Chester Morris	Sis. Teresa Morris	The Rev. Quinton White	Sis. Fay Wright Wilson
North Carolina	The Rev. Evelyn Gail Dunn	Sis. Larrenda Graham	The Rev. Larry Hinton	Sis. Edna Watson
Western North Carolina	The Rev. J. Bernard Wilder	The Rev. Alphonso McGlen	The Rev. 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

2015 Leadership Congress, Wednesday, July 1, 2015 through Friday, July 3, 2015.

I, \_\_\_\_\_, agree to direct my child to cooperate and to conform with directions and instructions of the Second Episcopal District 2015 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 2015 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 2015 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: \_\_\_\_\_