



2018 Convention Youth Registration Form

Full and Partial Weekend – June 8 – 10, 2018



All Children/Youth attending any part of convention must have a completed registration form.

Full Name: _____ Preferred for Name Badge: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian _____ Will parent/guardian be present at COTW? ___ Yes ___ No

Phone: () _____ Grade¹: _____ Age¹: _____ Gender: Male Female Email: _____
(for acknowledgement)

Parish Name and City: _____

Registration Fees: Full Weekend (Includes MEALS & ACTIVITIES starting with Friday dinner)

Youth Rally grades 7 – 12 ¹ Stays in <input type="checkbox"/> youth lodging <input type="checkbox"/> with parent (check one)	\$104.....	\$ _____
Youth Rally grades 5 & 6 ¹ (Stays with parent)	\$ 63.....	\$ _____
VBS grades K – grade 4 ¹ (Stays with parent)	\$ 53.....	\$ _____
Children 4 and under (Stays with Parent)	<i>no charge</i>	
Friday Lunch (Youth grade K and up)	\$ 10.....	\$ _____
Friday Lunch (Children age 4 and under)	<i>no charge</i>	

Partial Weekend Day Rates (Includes MEALS & ACTIVITIES only, No overnight accommodations)

For All Children 4 and under there is *No Charge* for MEALS & ACTIVITIES.

Friday

Youth grade¹ 5-12 \$ 20 \$ _____
Youth grade¹ K-4 \$ 10 \$ _____

Saturday

Youth grade¹ 5-12 \$ 40 \$ _____
Youth grade¹ K-4 \$ 20 \$ _____

Sunday

Youth grade¹ 5-12 \$ 20 \$ _____
Youth grade¹ K-4 \$ 10 \$ _____

¹USE CHILD'S GRADE AND AGE AS OF APRIL 1, 2018

TOTAL ... \$ _____

Calculate your fees from all registration forms and mail all forms and full payment to Convention Registration, Episcopal Diocese of Albany, 580 Burton Road, Greenwich, NY 12834, or register online at <https://www.albanyepiscopaldiocese.org>

Method of payment: ___ Check or Money Order made payable to Episcopal Diocese of Albany

or

Credit Card: VISA M/C DISCOVER # _____ Exp Date: _____

Name as it appears on credit card: _____ CVV #: _____

Billing Address for credit card: _____ State: _____ Zip: _____

ONLY PRE-PAID Registrations are accepted & are DUE by May 30. NO REFUNDS FOR CANCELLATIONS AFTER May 31.

Health History for Youth:

Does your child have allergies? Will child be taking medications at convention?

If yes, please explain _____

Explain any physical restrictions and any other health and/or behavioral concerns we should be aware of _____

List current medications _____

Insurance Information:

Insurance Company Name _____ Policy # _____

Name of Insured _____ Relationship _____

Permission to provide treatment or emergency care

The information provided above is correct. The person herein has permission to engage in all activities except noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by a diocesan representative to secure proper treatment, order injections and/or anesthesia and/or surgery, and hospitalize my child named above.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____