

Footprints '11 Registration



ADVISORS: Please photocopy BOTH SIDES of this form and have each registering youth and advisor complete one. Each youth attending the conference must be accompanied by an advisor.

Yes, I am planning to participate in **Footprints '11, "Be Doers of the Word,"** Friday through Sunday, November 18-20, 2011, at Rhodes Grove Retreat Center, Chambersburg, PA. Enclosed is my check for:

- **Youth** (Check One): \$140.00 prior to September 15, 2011
 \$150.00 after September 15, 2011
- **Advisors:** \$140.00

Checks are to be made payable to: Middle PA District COB

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Circle One: Youth or Advisor

Grade: _____ Cong. & District: _____

If Youth, name of attending Advisor: _____

Workshop Selections: (Write the workshop number in the appropriate space.)

A.M. Workshop Session (No Service Project): 1st Choice: _____ 2nd Choice: _____

P.M. Workshop/Service Project Session: 1st Choice: _____ 2nd Choice: _____

Please Return Completed Forms to:
Middle PA District CoB
1113 Mount Vernon Ave
Huntingdon, PA 16652

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Footprints '11 Covenant

All participants, youth advisors, staff, and parents are asked to enter into a covenantal relationship with the entire regional youth. The spirit of this covenant is to foster consistent and responsible participation at regional youth activities. Failure to comply with the covenant may result in your leaving Footprints early at your own expense.

AS A PARTICIPANT AT FOOTPRINTS, I PROMISE TO:

- Be sincere in my motives for attending functions, and to make foremost the goals of personal growth and Christian fellowship;
- Attend all sessions and/or workshops which I am committed to attend;
- Not bring or use, during the functions, any drugs, alcohol, or tobacco products;
- Follow guidelines set down by the Footprints Steering Committee;
- Not leave the grounds except with the permission of advisors.

Affirming My Part of the Covenant:

Signature of Participant

Date

I Will Support the Judgment of Advisors:

Signature of Parent/Guardian

Date

Medical Release

I/We, the Parents/Guardians of _____ authorize and give consent to the leadership of the Church of the Brethren Footprints Conference to seek treatment for the above participant by a licensed physician or medical services of a hospital, if necessary. I give permission for emergency medical or surgical treatment to be given until I can be contacted. This authorization is given in the event of an injury or illness, with the understanding that I will be contacted by phone.

You can reach me at: (____) _____

Signature: _____

Relationship to Participant: _____

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