



Fairhaven Baptist Church  
 86 East Oak Hill Road  
 Chesterton, IN 46304  
 219-926-6636

*Empowered Youth Conference*  
*November 6-9, 2017*

**TEEN REGISTRATION FORM**

Participant name \_\_\_\_\_ M  F  Age \_\_\_\_\_ Grade \_\_\_\_\_

Year of graduation \_\_\_\_\_ Birthday (Month/Day/Year) \_\_\_\_\_

Name of parents/guardians \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Email address \_\_\_\_\_

Name of emergency contact \_\_\_\_\_ Telephone \_\_\_\_\_

List allergies or medical conditions \_\_\_\_\_

Is sponsor authorized to approve medical treatment? Yes  No

Is participant covered by personal/family medical insurance? Yes  No

If yes, name of insurer \_\_\_\_\_ Policy or group number \_\_\_\_\_

Pastor _____ Church _____ Address _____ City _____ State _____ Zip _____ Church Phone ( ) _____
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I acknowledge that participation in all activities at Empowered Youth may involve risk to me/my teen and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the Empowered Youth activities, I acknowledge and accept the risks of injury associated with participation in and transportation to and from the activities. I accept personal financial responsibility for an injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further I release and promise to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises directly or indirectly out of the negligence of the activity sponsor, the participant, or otherwise.

I release and consent to my teen's (or any member of my family's), photograph being used, without compensation, in Fairhaven's print, online, and video-based marketing materials, as well as other Fairhaven publications. I also release Fairhaven from any liability whatsoever of any nature.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teen's Signature \_\_\_\_\_ Date \_\_\_\_\_