

July 25-30  
2021

**ADULT  
REGISTRATION**  
(18 YEARS and OVER)



a ministry event of  
**Christian Endeavor**

**ATTENDING AS:** (mark all that apply)

\_\_\_ Youth Group Leader \_\_\_ Teacher  
\_\_\_ M&M \_\_\_ College/Career \_\_\_ Staff  
Other \_\_\_\_\_

**Circle your T-shirt size:**

S M L XL XXL XXXL

**Please print information clearly in black or blue ink**

**PARTICIPANT'S NAME:** \_\_\_\_\_

Sex: \_\_\_ M or \_\_\_ F Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Occupation (optional): \_\_\_\_\_

**CHURCH** \_\_\_\_\_ Pastor \_\_\_\_\_

Street Address \_\_\_\_\_ Youth Leader \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Write room-mate preferences here. We'll do our best to put you together.**

1<sup>st</sup> choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

**GENERAL HEALTH INFORMATION:**

List any medications needed; physical limitations; allergies to food, drugs or bee stings, etc; current illnesses; concerns like asthma, heart problems, diabetes, seizures, etc; and any other helpful information. C.E. is not responsible for the purchase of medicine or special foods. *Youth leaders are responsible for dispensing any medications to their teens.* \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

**HEALTH INSURANCE INFORMATION:** If no insurance, check here: ☐

**Your insurance card information is necessary to attend. Please make certain a photocopy of the front and back of your insurance card is attached to the registration form.**

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** Who can we call in case of an emergency?

Name \_\_\_\_\_ Relation \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**ADULT PARTICIPANT AGREEMENT:** I agree to participate in the entire Christian Endeavor Summer Assembly week with enthusiasm. I will conduct myself in a Christian manner and follow the Adult Guidelines.

Signature of participant: \_\_\_\_\_ Date \_\_\_\_\_

☐ Check here if you do **NOT** want to receive email information about Christian Endeavor

Submit your *Adult Medical Form*, and a copy of your *Insurance Card* with this *Adult Registration Form* to your group leader. Please mail all registrations and payment to registrar, **Nancy Thompson, 2969 Highpoint Road, Cochranville, PA 19330. A group check should be made payable to Christian Endeavor.**

**Early Rate is \$325 (full payment and forms by 6/1/21)**

After 6/1/21, the Standard Rate of **\$350** is due with forms (contact registrar for availability)

Registrar: Nancy Thompson ([njane1258@yahoo.com](mailto:njane1258@yahoo.com) or 610-593-2440)

*Make checks payable to your group so one check can be mailed to Christian Endeavor.*

**www.summer-assembly.org ♦ 610.369.0207**

**CHRISTIAN ENDEAVOR**  
**ADULT LIABILITY AND MEDICAL RELEASE FORM**

In the event that I am deemed unconscious, incoherent or unable to make an intelligent decision, and my

spouse/emergency contact is unavailable I, \_\_\_\_\_, hereby authorize and empower The Pennsylvania Christian Endeavor Union, Inc. (Christian Endeavor), and any adult authorized to act on behalf of Christian Endeavor to order or approve medical treatment for myself as fully as I could do if I were able. Medical treatment may be needed for, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In absence of my spouse/emergency contact, Christian Endeavor and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit myself to any form or type of medical treatment, including surgery or anesthesia or transfusions or medications or other medical procedures, by any licensed health care provider. In the absence of my spouse/emergency contact, I hereby grant Christian Endeavor and its authorized adult representatives, a medical power of attorney as to myself and I grant to them the power to make all medical decisions and to authorize and approve all medical decisions and procedures in the same manner as I would if I were personally making such decisions.

I understand and agree that I am responsible for my own medical insurance. I agree to reimburse Christian Endeavor for any medical bills or other expenses incurred regarding any medical treatment for me. I have provided Christian Endeavor with accurate current health information on the event Registration Form.

I understand that Christian Endeavor is not responsible or liable for my personal effects and property and that Christian Endeavor will not provide security for or lock up any items. I will hold Christian Endeavor harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules, regulations and local laws are in effect at the time and location of the event.

In the event that any loss occurs as a result of damage to Christian Endeavor property, or to any buildings, it is agreed that I will pay to repair or replace the damage caused.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold harmless Christian Endeavor and all of its officers, agents, employees, volunteers, member churches, and related persons and entities from any liability, damage, claim, expense, injury, death, or other loss of any nature involving or related in any way to myself even though such liability, loss, damage, claim, expense, injury, or death may have been caused in part or exclusively by any negligence of Christian Endeavor or negligence of one or more of its officers, agents, employees, volunteers, member churches, or related persons or entities. My indemnity agreement extends to attorney's fees and all litigation costs.

Christian Endeavor is not responsible for the purchase of medicine or special foods for me during the event.

Attending the event acknowledges that Christian Endeavor may store my name and image by means of digital or film photography, video photography, audio recording or other documentations. Christian Endeavor may also use any stored data, including my name and image, in printed and electronic publications as well as on any web site created by Christian Endeavor.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable dispute resolution process. If Christian Endeavor and I cannot agree upon a process of resolution, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the *American Arbitration Association*.

Participant's name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_

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

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

If spouse will also be at event, please provide your spouse's following information:

Spouse's name (print) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Or** Emergency Contact information:

Contact name (print) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_