

CONVENTION TEEN SPONSOR PROGRAM

The Convention sponsor program allows youth aged 12 – 17 to attend Convention without parents. The adult sponsor attends Convention and agrees to perform certain duties and take responsibility for the minor in place of the parent. Parents and/or the Youth Director arrange for and notify a sponsor prior to Convention. Children under the age of 12 should not attend Convention without a parent or legal guardian.

Please print and complete this page and send it in with your registration. Youth Director, Kurt Fekete, will obtain the signature of the sponsor.

Sponsors agree to the following duties:

1. Ensure that the youth takes part in all youth and family activities.
2. Care for the youth in case of illness or injury, including emergency and urgent care.
3. Arrange for the youth's transportation home in the event of an emergency requiring an unscheduled departure.
4. Monitor the youth's free time, bedtime and wakeup.
5. Ensure that the youth follows all rules established by Convention staff.
6. Participate in any necessary disciplinary action.

SPONSOR INFORMATION FORM

NAME OF YOUTH: _____ AGE: _____

SPONSOR'S NAME: _____

YOUTH TO DEPART WITH/VIA: _____

SPONSOR'S SIGNATURE: _____

MEDICAL RELEASE FORM

NAME OF YOUTH: _____

BIRTHDATE: _____

DATE OF LAST TETANUS SHOT, IF KNOWN: _____

KNOWN ALLERGIES, DIETARY REQUIREMENTS OR DEVELOPMENTAL ISSUES WE SHOULD BE AWARE OF: _____

MEDICATIONS CURRENTLY BEING TAKEN: _____

(medication must be labeled clearly, with person's name, dosage and directions for use)

My minor has permission to administer his or her own medication(s) specified above: yes no

INSURANCE CO & NO.: _____

TELEPHONE: Home: _____ Cell: _____

Work: _____

I give my child permission to participate in youth related church activities and drive with church youth leaders. I hereby do appoint my youth's sponsor and/or the staff of Convention to authorize emergency medical and/or surgical treatment, and performance of whatever operations or procedures deemed necessary by the attending physician, to the above named minor, for the applicable Convention time period.

SIGNED: _____

DATE: _____

RELATIONSHIP: _____

(must be parent or legal guardian)

I give permission to use respectful photos and videos of my child in publications and/or websites. yes no