



PRESBYTERIAN YOUTH TRIENNIUM 2010

Registration Form

Please print clearly

Last Name	First Name	Badge NameE	
Email address		Tel. #	Cell #
Street or Route Address	City	State	Zip Code
Church	Date of Birth (DD-MM-YEAR)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male (Check 1)	
Classification <input type="checkbox"/> Youth Participant <input type="checkbox"/> Adult Advisor	T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	Room Mate Request (Use Badge Name)	

Racial/Ethnic Background (select one) <i>For PYT information only</i> <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African <input type="checkbox"/> Latino / Latina <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Other _____	Special Needs <input type="checkbox"/> Dietary Needs <input type="checkbox"/> Handicap Access <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Medication <input type="checkbox"/> Language Translation <input type="checkbox"/> I am the Caregiver of _____ <input type="checkbox"/> I will bring a Caregiver: _____ <input type="checkbox"/> Special Other _____
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ACKNOWLEDGMENT OF COVENANT AGREEMENT AND MEDIA COVERAGE
(Please read carefully and sign the enclosed covenant of agreement. Retain the copy of the Guidelines for Community Life for your records.)
 I recognize that by being a participant at the Presbyterian Youth Triennium (PYT) my photograph and/or video image may be taken and used for PYT promotion purposes.

Believing that I am a part of the whole people of God at the Presbyterian Youth Triennium 2010, I covenant to be responsible in my actions, abide by the community guidelines, and be open in mind and heart to the teachings and leadings of the Holy Spirit. I covenant to live mindful of God's spirit and creation. By signing this I acknowledge that I am aware of the community life guidelines.

_____ (Participant's Signature) _____ (Date)

(If you are a youth participant under 18 years old, please have your parent/legal guardian read and sign.) _____ (Date)

Sending Congregation's Covenant
 Anticipating that the Triennium will be an important faith experience for you, we pledge our prayers and support for you as a member of our congregation, and we will look forward to hearing from you on your return.

_____ (Pastor, Church Educator, or Clerk of Session)

Date _____ Phone _____

REGISTRATION: Deadline for Registration is January 15, 2010! Please fill out your registration completely and return it to:
 The Presbytery of Elizabeth, 525 East Front St., Plainfield, NJ 07060
For more information contact: Doris Salmon (Metuchen), EDU, and Elizabeth Quintero, Presbytery Staff, official registrars for the Presbytery:
 Tel.: (908) 755-3776 E-mail: office@elizabethpresbytery.org



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Registration Form

Purdue University Medical Authorization for Treatment of a Minor (Persons under 18 years)

Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Home Hospital, and St. Elizabeth Hospital medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided.

I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors, adult advisors, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Further, I hereby grant permission for my child:

Minor's Name _____ **Date** _____

to attend the Presbyterian Youth Triennium 2010 by signing below. **A signature from one or both parents/legal guardians is required.**

Signature of one or both Parents/Legal Guardians (required)

Allergies _____

Medical Conditions _____

Current Medications _____

Medical Insurance _____ Policy Number _____

Insurance Company Name _____

Primary Care Physician's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Specialist's Name _____ Phone _____

In Case of Emergency, Contact

Contact Name _____ Relationship to Participant _____

Day Phone _____ Cell Phone _____ Night Phone _____

COST: \$409.00 (housing, meals, conference T-shirt and all programming). Does **NOT** include transportation
Make checks payable to: The Presbytery of Elizabeth (Don't forget to write in your memo line: PYT 2010 - SE10006)

I am enclosing check # _____ in the amount of: _____

I am interested in a scholarship: YES NO

Participant's signature _____ **Date** _____

For Office Use Only (Do not write in this box.)

Registration Fee _____ **Date Paid** _____

Transportation Fee _____ **Date Paid** _____