

Application (4 pages)

**Christian Hospitality
International Affairs Seminar
Deuteronomy 10:17-19**

New York City & Washington DC - March 14-21, 2020

Sponsored by Central Rocky Mountain Region (DOC) and the Rocky Mt Conference UCC;
Christian Church (DOC) in Nebraska and the Nebraska Conference UCC

Cost: \$1,700.00 per person

Youth's Covenant: I pledge to act in a respectful manner in regard to property and in my conduct towards others. I am aware that I am representing my church, my family and my faith. I agree to abide by all policies of the regions and conferences while at the seminar. I will follow the directions of adult leaders and will participate in all scheduled activities. I will use this experience as an opportunity to learn and grow in my understanding of what it means to be a faithful global citizen and to strengthen my ability to be an instrument of God's love and justice in the world.

Printed name

Signature

Date

REFERENCES:

---I fully recommend the above-named youth to attend the 2020 International Affairs Seminar.

Minister Signature

Date

---I fully recommend the above-named student to attend the 2020 International Affairs Seminar.

School Principal or Counselor Signature

Date

---I fully support my son/daughter's participation in the 2020 International Affairs Seminar.

Parent/Guardian Signature

Date

Please return your application by November 15, 2019 along with your deposit of \$500 to CRMR ("IAS" in memo line), 23 Lincoln St, Denver, CO 80203.

Questions? Contact Shelly Garrison, CRMR Associate Minister at 719-201-3419, skgarrison50@gmail
-- or -- Kenneth Ingram, RMC UCC Sponsor 720-289-2394, revken1957@gmail

STUDENT INFORMATION:

Full Name: _____ Birthdate: _____

Gender: _____ Current Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Home Church: _____ City/State: _____

MEDICAL INFORMATION:

Medical Insurance Company: _____

Policy or Group I.D. Number: _____

Indicate all known allergies, drug reactions, recent injuries or illnesses, current medications, restrictions, dietary requirements, or other necessary medical information (attach additional page if needed):

PARENT INFORMATION:

Mother Name: _____ Mobile Phone: _____

Email Address: _____ Other Phone: _____

Father Name: _____ Mobile Phone: _____

Email Address: _____ Other Phone: _____

ADDITIONAL EMERGENCY CONTACT:

Name: -----

Relationship: -----

Mobile Phone: ----- Other Phone: -----

Parent's Medical Release and Liability

I hereby give the event directors permission to secure any needed medical attention for my child in the event I cannot be reached in an emergency, and I give my permission for the doctor, hospital, or medical service to provide emergency medical or surgical care at my expense.

I release the Christian Church (Disciples of Christ) in Nebraska, the Nebraska Conference of the United Church of Christ, the Central Rocky Mountain Region of the Christian Church (Disciples of Christ), the Rocky Mountain Conference of the United Church of Christ, and the adults in charge of the event from all responsibility for sickness and accidents that may occur during the International Affairs Seminar.

I understand that, as the parent/custodian of the youth whose name appears on this form, I am responsible for any damage done to property by my youth. I also understand that any behavior my youth exhibits deemed un-Christian-like, dangerous, or illegal will result in my youth being sent home, and that I will bear the responsibility for the expense of the return trip.

Name of Student: _____

Parent/Guardian Signature: _____

Print Name of Parent/Guardian: _____

Date: _____

