

Clinton Presbyterian Church Participant Registration

402 N. Center, Clinton, IL 61727

Office phone: 217-935-6178

Pastor Paul Stroup 309-838-9851

Kim Gaff 217-454-6187 (please text me)

Participant's Name _____ **Age** _____

Participant's Address _____ **Cell phone** _____

Participant's Email _____

Parent Name _____ **Parent**

Address _____ **Parent Cell Phone** _____

Parent Email _____

Medical Provider of participant _____

Insurance carrier and ID number _____

Does the participant have any diagnosed medical conditions or allergies? _____

Each participant should bring: appropriate clothing for the night and next day, hygiene items, chargers for phones, sleeping bag, pillow, blankets, Logos Bible App on phone, and be able to participate in physical games and small group gatherings.

"I understand that my child is participating in an overnight event hosted by Clinton Presbyterian Church. Clinton Presbyterian Church will not be held responsible for any accidents, injuries, or other liability as deemed by their insurance providers and attorney."

Parent Signature _____ **Date** _____

Parent Signature _____ **Date** _____

"I understand that I will be responsible for my behavior and I will adhere to the principles of being drug and alcohol free at this event. I will model appropriate language and dress, and am responsible for making choices that are in alignment with a code of conduct of morals and ethics."

Participant Signature _____ **Date** _____