



Registration Deadline August 3, 2020



Please mail completed application
and check to:

3888 Fayetteville Highway

Griffin, GA 30223

Make checks payable to: CHC

Cost is **\$75 per participant**: includes lodging, meals, resources, and t-shirt.

Fee for chaperone attending with paying student(s) is not required; however, registration form is needed
You must bring linens/covers or sleeping bag, towels, pillow, toiletries, Bible, pens, pencils, and highlighters.

Our dress code is casual, but modest, clean, and neat in appearance.

Name: _____ Address: _____

City, State, Zip Code: _____

Email: _____ Phone: _____

T-Shirt Size: _____ Church Name: _____ Age: _____

Health Insurance & Policy Number: _____

WHAT TYPE OF MINISTRY WOULD YOU LIKE TO LEARN MORE ABOUT? (EXAMPLE: PREACHING, WORSHIP, MISSIONS, ECT.)

I understand it is a great honor to attend the School of Youth Leadership. I promise to participate in all activities and follow all guidelines. I understand I am to follow the supervision of Mission USA Administrator Matthew Turner or his designees at all times. I understand, my conduct and character represent Jesus Christ and my local church.

Participant Signature & Date (required for all participants) _____

Emergency Medical Treatment Permission: I hereby authorize the Mission USA Administrator or other responsible party of the Congregational Holiness Church, Inc. to consent to necessary medical treatment for my child during this event. I understand that my child is to follow the supervision and directions of the Mission USA Administrator or his designee. I understand that my child will be supervised and all action possible will be conducted to insure his/her health, safety, and well being. I as parent/guardian of the above named child, hereby release Matthew Turner, the Congregational Holiness Church, Inc., the office of Mission USA, the General Executive Board and all chaperones from any and all liability, claims, damages, and injuries-foreseen and unforeseen, which may arise on the forenamed event, and I the parent/guardian have assumed any risk. On back; list special medical needs/ and medicines he/she is allergic to.

Parent Signature & Date (required for all non-Adults 18 and Under) _____

I understand that I am to follow the supervision and guidelines of the Mission USA Administrator and/or his designee during this seminar. I understand that all reasonable efforts will be used to ensure my health, safety, and well being while at this seminar. I hereby release Matthew Turner, the Congregational Holiness Church, Inc., the office of Mission USA, and the General Executive Board; and all chaperones from any and all liability, claims, damages, and injuries—foreseen and unforeseen, which may arise on the forenamed event. I have assumed any risk associated with this event.

Adult Participant (19) Signature & Date _____