



**Grand Rapids First AG  
November 2 & 3**

**Speaker: Micah Mac**

**Worship: Wind & Embers**

## **Abundant Life Assembly of God - Youth Convention Registration**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St. /Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Registration Due Sunday October 14, 2018

Cost \$75 (+ money for 3 meals) (If you have questions or did fundraising – talk to Debbie)

Leaving Abundant Life at 4:30pm on Nov. 2 (Arrive at 4:15)

Returning to Abundant Life at 7pm on Nov. 3

Students are staying at:

Delta Hotels Grand Rapids

3333 28<sup>th</sup> St. SE Grand Rapids

Direct Questions to Debbie Blair - 616-443-9368

By filling out this form, you agree to allow us to use any media coverage taken during this event for future promotions and publications by the Assemblies of God, Michigan District without further notification.

I also give permission for my child to attend Youth Convention.

I authorize consent to emergency medical or surgical treatment of my child. I also agree to pay for the performance of such treatment, anesthetics, and operations as deemed necessary in the opinion of the attending physician.

Printed name of parent/legal guardian/authorized person \_\_\_\_\_

Signature of person named above \_\_\_\_\_ Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_ Name of insured \_\_\_\_\_

***Parental authorization is required for emergency medical treatment. No physicals needed.***

***Should you have no insurance provider, please indicate "none" on the policy # line.***

**"I agree to obey the standards and guidelines for students"**

Student's signature \_\_\_\_\_ (required)

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Signature of person named above \_\_\_\_\_ Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_ Name of insured \_\_\_\_\_

***Parental authorization is required for emergency medical treatment. No physicals needed.***

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**"I agree to obey the standards and guidelines for students"**

Student's signature \_\_\_\_\_ (required)