

# EMPIRE STATE TEEN CONVENTION 2021

## REGISTRATION FORM

Buckley Road Baptist Church

4962 Buckley Road

Liverpool, NY 13088

Phone: 315-457-0570

For more Teen Convention details visit: [www.buckleyroadbaptist.org/estc](http://www.buckleyroadbaptist.org/estc)

- Name \_\_\_\_\_ Age \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_
- Zip \_\_\_\_\_ Male / Female
- D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_
- Email: \_\_\_\_\_
- Are you a chaperone? YES \_\_\_\_\_ NO \_\_\_\_\_
- Church Name: \_\_\_\_\_
- Pastor's Name: \_\_\_\_\_
- Youth Leader's Name: \_\_\_\_\_

Thank you for filling out this registration form. Each delegate will also need to submit the attached emergency contact form. We pray that you have a wonderful week and that God speaks to your heart. Feel free to let us know if we can help you in any way.

**Give these forms and your registration fee of \$35 to your group leader.**

Group leaders will need to bring the collected forms and fees to Registration Monday, August 2, 2021. Forms and payments may be submitted earlier by mail.

# EMPIRE STATE TEEN CONVENTION

A Ministry of Buckley Road Baptist Church

## Permission Form

Effective Dates: August 2, – August 4, 2021

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### YOUTH INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

Nickname \_\_\_\_\_ School: \_\_\_\_\_

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

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

Youth Email \_\_\_\_\_

Youth Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name\_\_\_\_\_#\_\_\_\_\_Relation? \_\_\_\_\_

## PARENTAL CONSENT

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name)  
("Participant"), to attend and participate in the Empire State Teen Convention that is hosted by Buckley Road Baptist  
Church during the period of August 2, – August 4, 2021.

**LIABILITY RELEASE:** In consideration of Buckley Road Baptist Church allowing the Participant to participate in all activities related to the Empire State Teen Convention, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Buckley Road Baptist Church and all other churches participating, their pastors, directors, youth ministers, employees, volunteers, nurses and medical professionals, and teachers (collectively herein the “churches”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the conference activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in all Empire State Teen Convention activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said churches for any liability sustained by said churches as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any duly licensed physician or dentist on the medical staff of a hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Empire State Teen Convention, Buckley Road Baptist Church, and all other participating churches. My youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

----- x -----

Name of youth participant                      Signature of youth participant                      Date

----- x -----  
Name of parent/guardian Signature of parent/guardian Date

## MEDICAL INFORMATION

### YOUTH INFORMATION (Please Print)

Youth Full Name -----

Nickname -----

Home Address -----

Home Phone ----- DOB -----

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): -----

List all parent/guardian contact phone numbers in best order to be reached:

Primary: -----

Other(s): -----

### NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: ----- Relation: -----

Phone(s): -----

### PRIMARY CARE PHYSICIAN

Name: -----

Phone(s) ----- Fax: -----

Name of practice: -----

Date of last Tetanus shot (required) -----

### INSURANCE INFORMATION

Medical Insurance Company: ----- Phone: -----

Policy/Group ID#: ----- Policy

Holder's Name (please print): -----

**Recommended: Attach a copy of medical insurance card.**

**MEDICATION:**

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins.

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
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**Over-the-Counter Medication Permission:** Do you give permission for your youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

☐ **No.** Contact me or get medical help if my child has any minor medical concerns.  
Parent signature\_\_\_\_\_

☐ **Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.  
Parent Signature\_\_\_\_\_

**MEDICAL CONDITIONS:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.