

SECOND EPISCOPAL DISTRICT OF THE AFRICAN METHODIST EPISCOPAL CHURCH

SUMMER SUMMIT 2017

July 17 – 20, 2017

PLANNING MEETING † CHRISTIAN DEBUTANTES MASTERS CEREMONY † CEC † LEADERSHIP & MINISTERS' RETREAT
JAMES L. DAVIS, SERVANT BISHOP † ARELIS B. DAVIS, WMS SUPERVISOR



Registration Deadline
June 1, 2017

REGISTRATION FORM

(PLEASE TYPE OR PRINT THE INFORMATION FOR CLARITY)

Full Name (Last, First): _____ † Presiding Elder / Clergy / Lay / Youth / Young Adult / Steward / Trustee

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____ Age of Youth _____ Male / Female (√) _____ Adult

Chaperone's Name (Youth Age 17 and Under) _____ Cell Phone: _____

Local Church: _____ Pastor: _____ PE Name: _____

PARENT/GUARDIAN MUST COMPLETE BEFORE REGISTRATION WILL BE ACCEPTED

PLEASE SEE THE ATTACHED PERMISSION SLIP AND LIABILITY WAIVER

ALL YOUTH AGE 17 AND UNDER MUST COMPLETE THE PERMISSION & LIABILITY WAIVER AND ALL MEDICAL DOCUMENTS REQUIRED
BY HAMPTON UNIVERSITY – DEADLINE JUNE 1, 2017

REGISTRATION FEE, HOUSING AND MEAL PACKAGES

I am registering for Package _____ Amount Enclosed \$ _____ Check/M.O. #: _____ Paid by: _____

Campus Housing Room Mate Request _____ Cell Phone: _____

PACKAGE A

CHILDREN AND YOUTH (Age 3 – 18)

Registration \$80.00

Campus Housing \$80.00 *
(2 persons per room w/shared bathroom)

Meals (All you can eat) \$65.00
(3 Breakfasts and 3 Lunches)

PACKAGE A \$225.00

PACKAGE B

ADULT (Age 19 and over)

Registration \$150.00

Campus Housing \$ 80.00 *
(2 persons per room w/shared bathroom)

Meals (All you can eat) \$65.00
(3 Breakfasts and 3 Lunches)

PACKAGE B \$295.00

PACKAGE C & D

CHILDREN AND YOUTH (Age 3 – 18)

Registration Only \$80.00

PACKAGE C \$80.00

ADULT (Age 19 and over)

Registration Only \$150.00

PACKAGE D \$150.00

* (LIMITED SINGLE HOUSING WITH BATHROOM IS AVAILABLE FOR \$160.00)

MAKE ALL CHECKS, MONEY ORDERS OR CASHIER CHECKS PAYABLE TO: **SECOND EPISCOPAL DISTRICT** **** (NO REFUNDS WILL BE GIVEN)**

MAIL ALL COMPLETED REGISTRATION FORMS TO:

SECOND EPISCOPAL DISTRICT SUMMIT 2017

P. O. Box 34247

WASHINGTON, DC 20043

CONTACT NO: 202-842-3788 (Office)

EMAIL: jld123bishop@yahoo.com

2nd Episcopal District Office Use Only

Method of Payment: _____ Cash _____ Check (#) _____ Amt. Received: _____

Date Received: _____ Date Postmarked: _____ Rec'd by: _____

Comments: _____

SECOND EPISCOPAL DISTRICT OF THE AFRICAN METHODIST EPISCOPAL CHURCH
SUMMER SUMMIT 2017: July 17-20, 2017
Hampton University, Hampton, VA

PERMISSION SLIP AND LIABILITY WAIVER

[please print legibly and sign where indicated]

I, _____, the parent/legal guardian of _____
(*"my child"*), grant permission for my child to attend the Summer Summit 2017 hosted by the Second Episcopal District of the African Methodist Episcopal Church at Hampton University from July 17-20, 2017.

I understand that some of the recreational activities in which my child may participate during the Summit include, but are not limited to, the following: bowling; billiards; darts; ping pong; basketball, martial arts demonstrations; physical fitness classes and cheerleading. I understand that these activities, as well as transportation to, from and during the Summit, and other activities, are fraught with inherent and unknown risk. I also understand that personal injury may occur to my child. I hereby authorize the Summit 2017 staff and chaperones to seek and consent to emergency medical attention for my child as needed. I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release Hampton University and the Second Episcopal District of the African Methodist Episcopal Church, the African Methodist Episcopal Church, Inc. all districts, conferences and connectional churches therein, and all employees, agents and volunteers thereof (*collectively the "Church"*) from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

I give permission for my child to ride in any vehicle designated by the Church while participating in and traveling to and from this event. I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of the Church, properties visited during the Summit, including the site of the Summit, other's personal property, or vehicles used for transportation. Finally, I have directed my child to follow and conform to the rules and instructions given by the Summit staff and chaperones.

Parent/Legal Guardian Signature

Date

Cell Phone Number