

Chinese Mission Convention 2010

Supplemental Youth Application Form

For youths in 7-12 Grade
One form per applicant

1. Name _____

5. Address (Street, City, State, ZIP) : _____

6. Tel _____ 7. Fax _____

8. Mobile/Cell _____ 9. E-mail _____

10. Date of Birth (MM/DD/YY) ____/____/____

11. Name of (circle one) Father/Mother/Legal Guardian attending CMC2010 _____

Please note you must be 18 years of age and have a credit card to check-in to the hotel on your own.
Please contact the program coordinator if you have special circumstances.

12. Name of Church _____

13. Name of an Adult Reference (Youth Pastor, Sunday-school teacher, etc.): _____

14. Relationship of Reference to you: _____

15. Telephone/E-mail of Reference: _____

16. How long you have been a Christian: _____

17. Who Jesus is to you: _____

18. Ministry experience (leadership roles, community service, mission trips, youth group involvement): _____

19. What you hope to gain from Chinese Mission Convention 2010: _____

20. Physical and emotional health, including any limitations: _____

21. Substances you are allergic to: _____

22. Medication taken regularly: _____

23. Medical Insurance plan: _____ 24. Policy Number: _____

25. In case of an emergency, notify: _____ 26. Phone # _____

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION FORM IS TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY FURTHER AGREE TO ABIDE BY THE RULES AND INSTRUCTIONS GIVEN BY THE CHINESE MISSION CONVENTION 2010 YOUTH PROGRAM LEADERSHIP OR OTHERWISE FACE DISMISSAL FROM THE PROGRAM.

27. Signature of Youth Program Applicant: _____ Date: _____

A Parent or Legal Guardian must sign the following if the Applicant will not be 18 years of age or over by December 26, 2010:

I HEREBY GIVE PERMISSION FOR THE PERSON NAMED ON THIS FORM TO PARTICIPATE IN ALL THE YOUTH PROGRAM ACTIVITIES AT CHINESE MISSION CONVENTION 2010, WHICH WILL BE HELD IN KING OF PRUSSIA, PA ON DECEMBER 26-30, 2010. I UNDERSTAND THAT THE MAIN PART OF THE YOUTH PROGRAM WILL BE CONDUCTED AT THE RADISSON VALLEY FORGE HOTEL AND CONVENTION CENTER, BUT OUTREACH AND COMMUNITY SERVICE PROJECTS WILL BE CONDUCTED IN THE GREATER PHILADELPHIA AREA BEYOND THE PREMISES OF THE RADISSON VALLEY FORGE HOTEL AND CONVENTION CENTER. I HEREBY RELEASE ALL LEADERS AND ORGANIZATIONS INVOLVED WITH CHINESE MISSION CONVENTION 2010 FROM ANY AND ALL LEGAL LIABILITY. I HEREBY WAIVE ALL MY RIGHTS TO ANY LEGAL LIABILITY, ON THE PART OF AMBASSADORS FOR CHRIST, INC. OR ANY OTHER INDIVIDUALS OR ORGANIZATIONS INVOLVED, WHICH LIABILITY MAY RESULT FROM SICKNESS, INJURY, OR DEATH THAT MAY OCCUR ON OR RELATED TO THIS CONVENTION. I FULLY REALIZE THAT THERE ARE HAZARDS RELATED TO THE OUTREACH AND COMMUNITY SERVICE PROJECTS, AND I AM FULLY ASSUMING THESE RISKS. I SPECIFICALLY RELEASE AMBASSADORS FOR CHRIST, INC. AND ALL CONCERNED FROM ANY CLAIM OF NEGLIGENCE IN THEIR DUTIES AS LEADERS, OR OTHERWISE, ON THIS CONVENTION AND RELATED OUTREACH AND COMMUNITY SERVICE PROJECTS. IN THE EVENT THAT I ATTEMPT TO MAKE A CLAIM IN VIOLATION OF MY RELEASE AND WAIVER AS HEREIN INDICATED, I HEREBY AGREE TO, AND SHALL PAY, ALL LEGAL FEES AND COSTS INCURRED BY AMBASSADORS FOR CHRIST, INC. AND OTHER INDIVIDUALS AND ORGANIZATIONS INVOLVED. I HEREBY FURTHER ACKNOWLEDGE MY RESPONSIBILITY TO PROVIDE MY OWN INSURANCE COVERAGE OF ANY AND ALL TYPES, INCLUDING BUT NOT LIMITED TO, MEDICAL, HOSPITALIZATION, LIFE, DISABILITY, DEATH, LOST OR STOLEN PERSONAL PROPERTY, AND ANY AND ALL OTHER INSURANCE WHICH I MAY NEED OR DESIRE. I ALSO HEREBY RELEASE AMBASSADORS FOR CHRIST, INC. AND ALL LEADERS AND ORGANIZATIONS INVOLVED WITH CHINESE MISSION CONVENTION 2010 FROM RESPONSIBILITY TO PROVIDE INSURANCE COVERAGE OF ANY AND ALL TYPES. I FURTHER HEREBY AUTHORIZE THE LEADERSHIP OF CHINESE MISSION CONVENTION 2010 TO MAKE ESSENTIAL DECISIONS ON MY BEHALF WITH RESPECT TO MEDICAL TREATMENT, EMERGENCY SURGERY, OR HOSPITALIZATION, SHOULD SUCH BE NECESSARY. HOWEVER, AMBASSADORS FOR CHRIST, INC. SHALL IN NO WAY BE RESPONSIBLE OR LIABLE FOR PAYMENT OF ANY AND ALL BILLS FOR SUCH MEDICAL TREATMENT. I ASSUME FULL RESPONSIBILITY FOR ANY AND ALL MEDICAL BILLS INCURRED RELATED TO THIS CONFERENCE AND RELATED OUTREACH AND COMMUNITY SERVICE PROJECTS.

28. Signature of Parent or Legal Guardian: _____ Date: _____

