



2018 Registration Packet

We are excited that you will be joining us for CONNECT this year! Please see the steps below on how to register your group. If you have any questions, contact Travis (tmccormick@absc.org) or call 501-376-4791, ext. 5137.

1. Complete and mail in the Group Registration Form (Form 1) and the Group Leader Agreement Form (Form 2) along with your payment. **Due on or before Friday September 7th.**
2. Mail in the Group Names Form (Form 3) (You can type your responses directly into this form.) **Due by Friday, September 28th.**
3. Hand out Student and Adult Registration and Release forms to your participants.
4. Collect Student and Adult Registration and Release forms and bring them with you to CONNECT.



Group Registration Form (Form 1)

Due on or before Friday, September 7, 2018

Registration is non-refundable however is transferable to another participant.

Please Print

Church Name: _____

Contact Person: _____

Church Address: _____

City/State/Zip: _____

Cell Phone: _____ E-mail Address _____

Registration: # of Students _____

of Adults _____

Total _____ X \$25.00 = \$ _____ amount enclosed

Vehicle/Capacity (15 person van/25 person bus/etc.) _____

Who will be the driver(s) for your group? _____

Will you be staying for Sunday worship? (Your group will worship with one of the churches that provided projects for the CONNECT weekend. Worship times and travel distance will vary. The church will provide lunch before you leave on Sunday). **Yes / No**

**Please complete this form and mail with your payment to:
Missions Team | 10 Remington Dr. | Little Rock, AR 72204**

For more information, contact:

Travis at (tmccormick@absc.org) || 501-376-4791, ext. 5137

A ministry of the Cooperative Program and
the Dixie Jackson Arkansas Missions Offering.



Group Leader Agreement Form (Form 2)

Due on or before Friday, September 7, 2018

____ I have read through the Frequently Asked Questions. I have a good understanding about what to expect at CONNECT and agree to abide by the rules/guidelines listed. I also agree to use this information to help prepare my students and adults to be flexible and to have the best experience possible for everyone.

Group Leader Signature:



Student Registration and Release



Please have each parent fill out, sign, and return this form for their student.

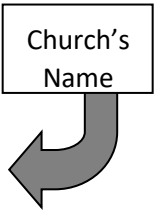
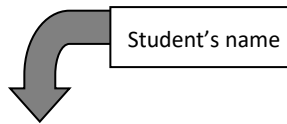
Name: _____

Church: _____ City: _____

Age: _____ Grade: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Student Agreement:



I hereby consent to participation by _____ my son/daughter/individual under my guardianship, in CONNECT 2018. I understand that my child will be under the supervision of the designated staff and/or volunteers at this event. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless _____ (henceforth referred to as "the Church"), its staff, deacons, chaperones, volunteers, membership, and drivers from any and all liability that may arise out of participation in this activity. **I also give consent for emergency medical treatment if necessary, as determined by the chaperones of the Church.** I also agree to hold harmless and release the Arkansas Baptist State Convention (henceforth referred to as "the Convention"), other participating churches, and the Church, to include their staff, deacons, chaperones, volunteers, membership, and drivers from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by me or my child's health insurance provider(s). As parent/legal guardian, I remain fully liable for any legal responsibility which may result from any personal actions taken by the named participant.

I hereby grant permission to the Church and Convention to use my child's/individual's under my guardianship likeness on its promotional materials including, but not limited to videos, web sites, and printed materials without further consideration, and I acknowledge the Convention and Church's right to crop or treat the likeness at its discretion.

Parent/Guardian Signature: _____ Date: _____

Insurance Company: _____ Policy #: _____

Physician: _____ Phone #: _____

Date of Last Tetanus Shot: _____

In Case of Emergency Notify: _____

Phone #: _____

In Case of Emergency Notify: _____

Phone #: _____



Adult Registration and Release



Please have each adult fill out, sign, and return this form.

Name: _____

Church: _____ City: _____

Age: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Chaperone's name

Church's Name

Chaperone Agreement:

I, _____, assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless _____ (henceforth referred to as "the Church"), its staff, deacons, chaperones, volunteers, membership, and drivers from any and all liability that may arise out of participation in this activity. **I also give consent for emergency medical treatment if necessary, as determined by the chaperones of the Church.** I also agree to hold harmless and release the Arkansas Baptist State Convention (henceforth referred to as "the Convention"), other participating churches, and the Church, to include their staff, deacons, chaperones, volunteers, membership, and drivers from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my health insurance provider(s). I remain fully liable for any legal responsibility which may result from any personal actions taken by the named participant.

I hereby grant permission to the Church and Convention to use my likeness on its promotional materials including, but not limited to videos, web sites, and printed materials without further consideration, and I acknowledge the Convention and Church's right to crop or treat the likeness at its discretion.

Signed: _____ Date: _____

Insurance Company: _____ Policy #: _____

Physician: _____ Phone #: _____

Date of Last Tetanus Shot: _____

In Case of Emergency Notify: _____

Phone #: _____

In Case of Emergency Notify: _____

Phone #: _____