



2009 YOUTH UNLIMITED CONVENTION REGISTRATION

Please send this registration form together with your roommate's form to
Convention • Box 7259 • Grand Rapids, MI 49510

PLEASE TYPE OR PRINT CLEARLY

****Please turn over for PAYMENT INFORMATION and REQUIRED signatures.****

OFFICE USE ONLY

Date: _____

Reg. #: _____

Check #: _____

This Registration is for: Youth Adult Pre-Registration*

*to Pre-Register a group between Nov. 1, 2008 and Feb. 1, 2009 fill out Pre-Registration portion in the shaded box below.

PERSONAL INFORMATION

Name _____ Address _____

City _____ State/Prov _____ Postal Code _____

Phone # _____ E-mail _____

Sex: M F Birthdate: ___ / ___ / ___ Age: ___ First name as you would like it to appear on name badge _____

Church Name _____ Church Address _____

City _____ State/Prov _____ Postal Code _____

T-shirt size: S M L XL XXL

EMERGENCY CONTACT FOR JULY 25-29, 2009 (SATURDAY-WEDNESDAY)

Su	Mo	Tu	We	Th	Fr	Sa
						25
26	27	28	29			

Name _____ City _____ State/Prov _____

Day Phone # _____ Evening Phone # _____ Other Phone # _____

ROOMMATE You may identify one person with whom you want to share a room. Youth Unlimited will select a roommate for persons who do not specify one. Name _____

INSURANCE/MEDICAL

Do you presently have health insurance Y N

Health Insurance Carrier _____ Phone # _____

Address: _____ Policy # _____ Group # _____

Subscribers Name _____

Does your insurance company require pre-authorization for non-emergency medical treatment Y N

Provincial Health Insurance #(Canadian Only) _____

Please describe any pre-existing conditions you may have _____

Please list any food or drug allergies you may have _____

Please list any medications you take regularly _____

YOUTH APPLICANTS ONLY

School Name _____ City _____ Grade completed by 7/25/09 _____

Please send me advanced seminar information

CONVENTION PRE-REGISTRATION BY CHURCH GROUP BETWEEN NOVEMBER 1, 2008 AND FEBRUARY 1, 2009

Contact Person _____ Address _____

City _____ State/Prov _____ Postal Code _____

Phone # _____ E-mail _____

Church Name _____ Church Address _____

City _____ State/Prov _____ Postal Code _____

Reserve _____ youth _____ adult total package spaces x \$50 USD = \$ _____ *

(*Payment information on back. Remaining payment and full registration for each participant is due on or before April 1, 2009.)

REGISTRATION

ADULT APPLICANTS ONLY

I wish to assist in the Prayer Place

Choose one of the following options:

I wish to attend as a Small Group Leader-Own Church Group: all registrants from your church

I wish to attend as a Small Group Leader-Potluck Group: variety of registrants from around US and Canada

I wish to attend as a participant: participants will be asked to fill various volunteer needs during Convention

Small Group Leaders: Have you served as a Small Group Leader before? Y N If Yes, how many years? _____

Gender preference: M F Either

I would prefer to lead a group: with my roommate with someone assigned to me alone

CONVENTION RULES AND STANDARDS OF CONDUCT

Violation of rules 1 and 2 will result in the violator being sent home at personal expense.

1. Do not enter floors and rooms that house the opposite gender.

2. No possession or use of alcohol, weapons, or illegal drugs.

- Observe stated curfews and stay within the campus boundaries.
- Wear clothing that is both modest and in keeping with Christian values. Do not wear any clothing with bare midriffs or that displays messages or graphics of sexual content, anti-Christian values, or which promotes alcohol, weapons, or tobacco products. Final decisions about questionable clothing will be made by the Convention Planning Committee.
- Be careful with campus property; room occupants will be billed for damage to their assigned room regardless of who caused the damage.
- Protect the peace and safety of the convention community; those who abuse life protection devices (e.g. fire alarms, fire extinguishers, fire escapes) will be turned over to local authorities. Do not use laser pointers or loud sound systems.
- Go to Mainstage events; we expect all participants to attend.
- Youth Unlimited strongly discourages the use of tobacco products. If you must, restrict your use to designated smoking areas.

AUTHORIZATION/RELEASE

In consideration of being allowed to participate in this convention sponsored by Youth Unlimited and in consideration of the benefits to be derived therefrom, I hereby release Youth Unlimited and its present and former officers, directors, and employees and their heirs, administrators, executors, successors and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation in the convention.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to medical treatment as deemed necessary. I expect my emergency contact will be contacted as soon as possible.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damage, arising out of my participation in the convention. I understand that this release applies to, covers and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses or liabilities and the consequences thereof, which result from the matters herein before inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, provincial or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles.

ALL YOUTH REGISTRANTS AND PARENTS/GUARDIANS

I certify that all information in this application is correct. I have read, understood and agreed to all the provisions of the liability waiver and release. I promise to participate fully in this convention, have read the convention rules and standards of conduct and agree to abide by them. I also give permission for my child to be photographed for use in Youth Unlimited promotional materials including, but not limited to, printed brochures and web site photos/promotion. My child's image will not be used for any other purpose than the promotion of Youth Unlimited.

Signature of Youth Participant

Signature of Parent/Guardian

ALL ADULTS

I certify that all information in this application is correct. I have read, understood and agreed to all the provisions of the liability waiver and release. I understand that by participating in this convention, I am establishing myself as a role model for the youth who attend. I promise to participate fully in this convention, obey the rules, and abide by the standards of conduct. Further I will assist convention leadership by encouraging like conduct among the youth. I also give my permission to be photographed for use in Youth Unlimited promotional materials including, but not limited to, printed brochures and website photos/promotion. My image will not be used for any other purpose than the promotion of Youth Unlimited.

Signature of Adult Participant

PAYMENT INFORMATION

Full payment must accompany Registration form.

Check* Money Order* MasterCard VISA Discover

*Please make checks and money orders payable to Youth Unlimited

I would like to register at the following rate:

Canadian registration fees are set on October 1. Visit www.youthunlimited.org or contact us for more specific pricing information.

EARLY BIRD by February 1, 2009 - \$395 USD

REGULAR between February 2 to April 1 - \$420 USD




LATE after April 1 - \$470 USD

OR

I am pre-registered with a church group. My Pre-Registration number is _____.

My Pre-Registration balance due is (Early bird rate listed above minus your pre-registration deposit) \$ _____.

CREDIT CARD INFORMATION

_____ - _____ - _____ / ____ / ____		
Credit Card Number	  	Exp. Date (mm/dd/yy)
\$ _____	USD	
Authorized amount to charge		
Signature _____		
Printed Name as shown on credit card _____		