AICEME YOUTH CONFERENCE ECHTERNACH, LUXEMBOURG

	BRE	AKI	NG	
	THE			
31/10 - 3/11, 2019 HOME CONGREGATION:	る分			registration aiceme_youth
STUDENT ATTENDING:(AS APPEARS ON PASSPORT)	First	Middle	Last	
AGE DATE OF BIRT	Day	Month untry Issued	Ye	ar
Date of Issue			e of Expiration	
EMAIL ADDRESS (PARENT) :	Firs		Last	
PARENT/GUARDIAN PHONE:		ountry Code) (Ho	me)	

(Country Code) (Mobile)

AICEME YOUTH CONFERENCE COVENANT

Both the parent(s) and the student understand and agree to the following:

- 1. The possession or use of alcohol, drugs, or tobacco is strictly prohibited.
- 2. "Purpling" is not allowed (boys in girls' sleeping quarters/ girls in boys' sleeping quarters)
- 3. Property of others must be respected (and any property damage caused by your child will be their own responsibility).
- 4. All participants will show respect to one another, staff, and adult leaders and will respect and comply with event schedules.
- 5. Students who fail to comply with these expectations may be sent home at their parents' expense.
- 6. Participation with the group is expected (and fun!!)

	(Student's Name) has my permission to attend the AICEME Youth
Conference 2019 in Echternacht,	Luxembourg, from Thursday, October 31 to Sunday, 3 November,
2019.	

Registration costs are 140 €. This fee covers all meals, transportation within Echternacht during the event, admission fees, and housing. The fee does not cover transportation to and from Echternacht.

The deadline for applications is Sunday, September 29, 2019.

Date: Student's Signature

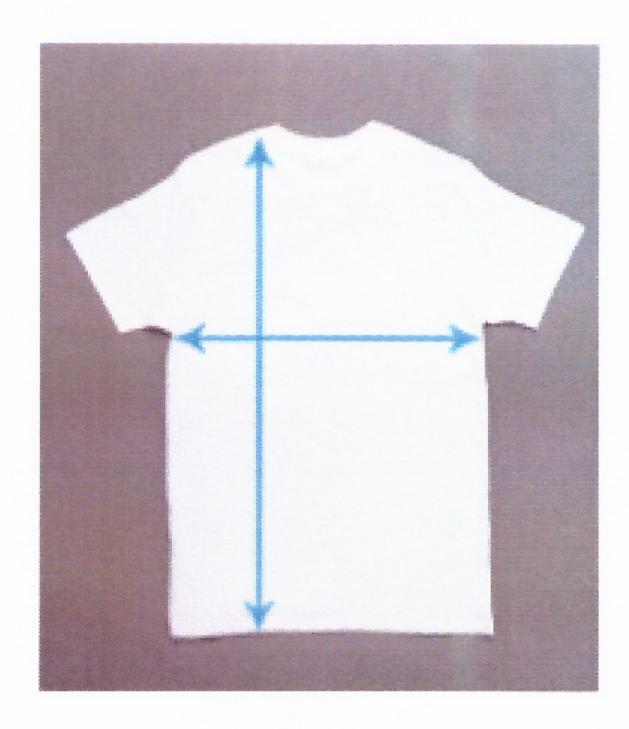
Date: Parent/Guardian's Signature

Personal data you provide in this registration will be used to handle registrations & fees and to organise conference activities. It is also needed to contact the parent/guardian in case of emergency. The data is only accessible to your local youth leader/pastor, the AICEME secretary and the Youth Conference organisational team. The information will be stored in a protected file for a maximum of five months.

AICEME T-SHIRT ORDER

Everyone will receive an T-SHIRT at the conference.

Please select which size and style you wish from table below:



	Width (cm)	Height (cm)	Select 1
	(at armpit)		
Kids			
S	38	45	
М	43	55	
Ŀ	46	60	
XL	48	66	
XXL	53	72	
Ladies			
S	43	62	
М	45	65	
L	48	66	
XL	50	68	
Mens			
S	45	69	
М	48	69	
L	50	73	
XL	53	74	
XL XXL	54	77	

NAME:			
HOME CONGREGATION:			

EMERGENCY MEDICAL INFORMATION

STUDENT'S NAME:			
	First	Last	
ALTERNATE EMERGENCY CONTACT:			
	First	Last	
RELATIONSHIP TO STUDENT:			
ALTERNATE EMERGENCY CONTACT PH	ONE:		
		(+ Country Code) Home	
		(+ Country Code) Mobile	
TRAVEL MEDICAL INSURANCE:			
		Insurance Company	
		Insurance Policy #	
1 . My child has allergies to (check all t	hat apply):		
□ Pollens			
☐ Medications Please specify (including	ng dosages) _		
☐ Food/ Please specify			
☐ Insect Bites/ Please specify			
Other / Please specify			
Please specify if any health insurance participant.	pre-certifica	ation, notification, or oth	er requirements exist for the health
2 . My child suffers from/has experien	ced/is being	treated for (check all tha	t apply):
☐ Asthma ☐ Epilepsy/Seizure	Disorder	☐ Heart Trouble	☐ Diabetes
☐ Other / Please specify			
3. My child has the following dietary r			
6 . My child has the following restriction	ons from acti	ivities (due to):	

Data concerning health that you provide in this form will be used to provide appropriate meals and activities during the conference and to inform health care providers in case of a medical emergency. It is also needed to contact the parent/guardian and health insurance provider in case of a medical emergency. The data is only accessible to your local youth leader/pastor, the AICEME secretary and the Youth Conference organisational team. The information will be stored in a protected file for a maximum of five months.

Medical and Liability Consent

I, the undersigned, have legal custody of(Student's Name)
a minor, and have given my consent for him/her to attend the AICEME Youth Conference 2019 in Echternacht, Luxembourg, organized by the Association of International Churches in Europe and the Middle East.
I understand that the registration fees are non-refundable, even in the event that my child is not able to attend the conference.
I understand that there are inherent risks involved in any ministry activity or event, and I hereby release the All Nations Church of Luxembourg (ANCL), the AICEME and associated churches, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement in the conference.
This consent form gives permission to event and church leaders (or other responsibl parties) to seek whatever medical attention is deemed necessary, and releases the AICEME and associated churches and its staff of any liability.
In case of emergency, leaders will attempt to contact parents/guardians immediately
In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by an AICEME Youth Conference leader, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.
I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministry staff member.
Date: Parent/Guardian's Signature
Please return all forms

-Registration

- -AICEME Youth Conference Covenant
- -T-Shirt Order
- -Emergency Medical Information and Liability Consent

plus registration costs (140€) to your youth leader.

Travel costs will be determined by each congregation separately. For further information, please talk to your youth leader.