

Registration Form



Cincinnati, Dayton, Indianapolis District

**2019 Leadership Training School
District Conference/Youth Expo**

District Conference Theme:

“Going Back to the Basics”

Please Print and Complete this Entire Form

C/Y/YA/A Name: _____
(Circle)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell Phone:** _____

Email Address: _____

Church: _____

Local Church Board of Christian Education Director _____

Pastor: _____

Leadership Training School: Laity ___ Clergy ___ Youth ___ Children ___

District Conference: Laity ___ Clergy ___

CDI District Officer? Position _____

OCI Regional Officer? Position: _____

C – Children, Y-Youth, YA – Young Adult, A - Adult

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PERMISSION SLIP/MEDICAL AUTHORIZATION

I hereby acknowledge that I, parent and/or guardian of the above minor child, has given permission for my child(ren) named above to participate in the CDI 2019 Leadership Training School, District Conference and Youth Expo sponsored by the Cincinnati-Dayton-Indianapolis District of the Second Episcopal District of the Christian Methodist Episcopal Church, and I hereby acknowledge that I will not hold the Cincinnati-Dayton-Indianapolis District, Phillips Temple C.M.E. Church, the Second Episcopal District or the Christian Methodist Episcopal Church, and/or their leaders, or any other location that this event will be held, liable for any injury that may occur as a result of this event.

Does your child(ren) have any known illnesses? Yes ___ No ___ If yes, please describe said illness and any medications needed: _____

I further hereby give permission to Cincinnati-Dayton-Indianapolis District, Phillips Temple C.M.E. Church, the facility which this event is being hosted and the Christian Methodist Episcopal Church or dispatched medical personnel, to administer any necessary medical treatment needed during this event.

I hereby certify that I have read the above authorization and the same is true and correct.

Dated: _____ Parent (Guardian) Signature _____

OFFICE ONLY:

Church PD: _____