



Student Participant Registration Form

Each student participant must have a completed registration form that has been signed by her parent or legal guardian on file before the conference begins. The cost of the conference is \$100 per participant until July 1. There is a \$25 per person discount for families with multiple participants. Please mail your completed registration form and payment to Spark Conference, Judson College, 302 Bibb Street, Marion, Alabama 36756. Make checks payable to Judson.

Student Participant's Name

Grade Next Year

Phone Number

Email Address

Student's T-Shirt Size

Mailing Address

Parent or Guardian's Name

Parent/Guardian's Phone Number

Secondary Emergency Contact's Name

Contact's Phone Number

Is the student participant part of a group registration? (If yes, please list group or leader.)

Does the student participant have any allergies or special dietary restrictions?
(If yes, please list.)

Does the student participant have any other medical conditions? (If yes, please list.)

Does the student participant currently take any medications? (If yes, please list.)

Please rank the following breakout sessions. Use one for the session you'd most like to attend and six for the session you'd least like to attend. Please rank all the sessions.

_____ Creative Writing

_____ Volleyball

_____ Worship Leadership

_____ Science/STEM

_____ Basketball

_____ Piano (Note: only for students with piano experience.)

Liability Waiver, Hold Harmless and Indemnity Agreement and Release, and Other Permissions for Student Participants

In exchange for the opportunity for my child to participate in the Spark Conference at Judson College on Thursday through Saturday, July 11-13, 2019, I agree to hold Judson College and its agents and employees harmless for any liability for personal injury or other damages which may occur as a result of my child's participation, whether by negligence or otherwise. I understand that any physical activity involves a risk of injury, and I voluntarily choose to let my child participate in spite of such risk. I assume full responsibility for any harm, injury, or property damage which my child may suffer as a result of her participation in this event and any of its activities.

If my child should need emergency medical treatment while participating in the Spark Conference at Judson College and I cannot be reached or am not able to make medical decisions for my child, I authorize any employee or agent of Judson College to make decisions related to emergency medical care for my child. I agree to be responsible for the cost of any medical treatment provided to her. I certify that, to the best of my knowledge, my child has no medical, physical, or emotional condition that will make it unsafe for her to participate in the events and activities associated with the conference.

My child has my permission to participate in local community service projects. I understand that this may require travel for short distances. I give consent for my child to be transported by an adult group leader, and I agree to hold the driver harmless for any liability for personal injury or other damages.

I understand that my child may be photographed during the conference for print, video, or electronic imaging to be used in promotional materials, news releases, and other formats. I give consent for my child to be photographed and for the resulting images to be used in this way. I acknowledge that any images created during the conference will be the sole property of Judson College.

I have read and understand this statement, and I give consent for my child to participate in the Spark Conference and its associated events and activities at Judson College, subject to its provisions.

Parent or Guardian's Signature

Date of Signature

Parent or Guardian's Printed Name

Relationship to Student

Student Participant's Name (Please print.)

Student's Date of Birth

Health Insurance Company

Group Number

Name of Insured and Relationship to Student Participant (Please print.)

Policy Number