

Youth at the 2018 GRR Regional Assembly

The Great River Region (GRR) is excited you are making plans to join us at the Regional Assembly in Shreveport, LA. Our Regional Assembly weekend is geared towards fellowship with old friends, making new friends and spending time growing in our relationship with God. We are grateful to all our youth pastors, volunteers and parents who are willing to spend this weekend sharing their love of Christ with our Region's CYF and Chi-Rho (6th through 12th Grade) Youth.

We ask your cooperation in completing these documents (registration and Youth Information form) thoroughly and accurately to ensure we are able to provide the best experience for all participants in addition to providing a safe environment for our youth.

Location: Kings Highway Christian Church
806 Kings Highway
Shreveport, LA 71104
Office Phone: (318) 222-3684
Office Email: khccdoc@khcc.org

Lodging: All youth in grades 6-12 are encouraged to stay at KHCC (free of charge) on Friday and Saturday nights. Please see the packing list below for all you will need for bedding and showers!

Schedule: Registration opens at 3pm on Friday, Nov. 2nd. We understand that many of the youth will be traveling after getting out of school. Youth registration will be available until all groups have arrived. The Assembly ends on Sunday with worship at 9:15 AM.

Registration Fees: Youth and Adult leaders staying with the youth should use the Youth Registration which is only \$60 if you mail it in or \$65 if you do the online registration. This one fee includes all programming and meals for the weekend.

Registration Forms: Please be sure to fully complete the Registration Form (online or included in this packet) and submit with the registration fee to the Regional office. **For Insurance purposes the additional ORIGINAL Information Form (the one you downloaded) is due in the Regional office (4724 Hillcrest Avenue, Little Rock, AR 72205) prior to the start of Regional Assembly.** All Forms are kept on file in the GRR office for legal purposes.

Transportation to the Assembly: check with your local church to see what the plans are for getting to Shreveport for the Assembly.

Packing List: Bible, Notebook, Money for Offering, Bedding (**Twin size air mattress**, sheets/ sleeping bag, pillow, blanket), Toiletries (Shampoo, Soap, Deodorant, Toothpaste, Toothbrush, Hairbrush/Comb, Towel etc.), Modest Clothes (enough for the weekend), Shoes including Closed-Toe Shoes (outdoor activities), Rain Jacket or Sweatshirt (in case of rain and/or colder weather), Water Bottle and Flashlight.

Prayers: Your prayers matter and we thank you in advance for praying for the spiritual growth and physical safety of our youth, youth pastors, volunteers and parents.

Please reach out to the regional office (501-562-6053) or contact Ronny Nowell at 479-636-2230 or ronny@fccrogers.org if you have questions about the weekend. See you soon!

Regional Assembly Registration

[Online registration and payment also available at grdisciples.org](http://www.grdisciples.org), [Regional Assembly tab](#)

Name _____ Phone _____
 Address _____ Email _____
 Town, ST, Zip _____ Food allergies? _____
 Congregation _____ Town _____

Registration, Events, Meals & T-Shirts												
Name for Nametags	Clergy &/or Elders &/or Lay Leaders		Friday		Saturday			T-Shirts?		Age / Grade Level		
	Pre Assem Seminar	Everyone ("Basic" Registration)	Grade 6-12 (includes meals)	Fellowship Dinner	Breakfast +1 Minister	Lunch, DW, DM, Chap, Music, Reg'l Elders	All Assembly Banquet	Adult	Prek & Under (childcare included)	Grd K-5 (childcare included)	Grd 6-12	
First	Last	\$35	\$60	snagl fam \$15 \$40*	\$5	\$10	snagl fam \$15 \$40*	See other side - be sure to transfer totals from back	**Church Delegate	Clergy	Voting Status	

I / we would be willing to serve in/as: Choir member Elder Diaconate Reader - Scripture or Litany Prayer participant Acolyte

CIRCLE all that apply

Number of People per column												
	x Cost per Person	n/c	\$35	\$60	\$15	\$40*	\$5	\$10	\$15	\$40*	Total Amount Due	
Subtotal												

Please include all family members on one form; Note, new this year - \$60 fee for Grades 6-12 includes registration and all meals; Basic registration fee for preK-5th grade (\$35) covers all expenses (meals, childcare, etc). Family rate for Fri/Sat night dinners - families of 3 or more ADULTS receive family rate of \$40.

Make checks payable to & remit to: Great River Region, 4724 Hillcrest Avenue, Little Rock, AR 72205

HOTEL INFORMATION - Be sure to mention Great River Region / Regional Assembly to qualify for the group rate

Holiday Inn Express (headquarters hotel) - 8751 Park Plaza, Shreveport LA - Phone# 318-629-0163 - Price \$109 - Block SOLD OUT
 Block of rooms also reserved at the Hampton Inn, 2691 Viking Drive, Bossier City LA - Phone# 318-841-9700 - Price \$109 - Block expires 10/11/18

** Church Delegates: An official letter of Board action (from your church, on church letterhead, is REQUIRED

(ORIGINAL MUST be turned in to the Regional Office prior to Regional Assembly check in)

Mail all three pages of original document to:

Great River Region of the Christian Church (DOC)

4724 Hillcrest Avenue

Little Rock, AR 72205

Youth First Name: _____ Youth Last Name: _____

Your Church Name AND City: _____

Your Cell Phone: _____ Your Date of Birth: _____

Current Grade: _____

ADULT WHO IS RESPONSIBLE FOR YOU AT REGIONAL ASSEMBLY _____

RESPONSIBLE ADULT'S CELL PHONE NUMBER _____

Your Parent(s)/Guardian(s) Name(s): _____

Your EMERGENCY Contacts (please list someone who is NOT with you at Regional Assembly)

1 – Name: _____ Relationship to You: _____

Contact Info: _____

Current Medical Condition(s) - Please describe current medical condition(s): _____

Please list allergies, including food allergies: _____

Please list any disease exposure, including Chicken Pox, Mumps, Measles, etc: _____

Please list any special dietary needs: _____

Please list any restricted activities: _____

I am current on all vaccinations _____ Date of last tetanus shot _____

The following medications may be dispensed by event staff as needed:

_____ Acetaminophen

_____ Ibuprofen

_____ Pepto Bismol

_____ Skin Creams

***** VERY IMPORTANT INFORMATION *****

Physician's Name: _____ Physician's Phone: _____

Medical Insurance Carrier: _____

Group Number: _____ Policy Number: _____

Claim Approval Hotline: _____

Parent/Guardian PERMISSION TO ORDER MEDICAL PROCEDURES (Section I)

I, _____ give the adult leader(s) for this event
(Parent/Guardian Name)
permission to order any necessary medical procedures for _____.
(Child's Name)

I understand that Event insurance (paid by GRR) is secondary coverage only. Primary responsibility for medical treatment belongs to me and to my health insurance provider. I agree not to hold liable for any uninsured medical expenses the Great River Region, its employees and agents.

⇒ **Parent(s)/Guardian(s) Signature:** _____ **Date:** _____

Parent/Guardian PERMISSION FOR YOUTH TO PARTICIPATE (Section II)

I, _____ do hereby give permission for my child
(Parent/Guardian Name)
(named above) to participate in the above referenced event, including other locations connected with the event and transportation to/from those locations.

I furthermore agree to immediately pick up my child from the event should my child be found to possess alcohol, controlled substances or tobacco; verbally, physically or sexually assault another; engage in illegal activity; or blatantly disregard other event guidelines or instructions from event leaders. I am in full agreement with the intent of this event, i.e., to assist my child in developing a deeper relationship with Jesus Christ and growing into the person God has called my child to become.

⇒ **Parent(s)/Guardian(s) Signature:** _____ **Date:** _____

Parent/Guardian MEDIA RELEASE (Section III)

Typically, during GRR Youth Experiences, staff & participants capture the event on film or video. GRR asks your permission to publish such photographs and videos in connection with GRR Youth Experiences promotional materials.

_____ YES, I DO give permission for the GRR to publish photographs and videos of my child in connection with GRR Youth Experiences promotional materials.

_____ NO, I DO NOT give permission for the GRR to publish photographs and videos of my child in connection with GRR Youth Experiences promotional materials.

⇒ **Parent(s)/Guardian(s) Signature:** _____ **Date:** _____

Youth COVENANT OF CONDUCT (Section IV)

As a youth participant, I agree to follow all rules and instructions set forward by the adult leadership of this event. If working at a work site on a mission event, I agree to follow all instructions and safety guidelines given to my by my site manager. I agree to have a good attitude throughout this event and to behave in a manner consistent with my Christian faith. I understand that if I break event rules, I can be sent home at my family's expense.

⇒ Youth Signature: _____ Date: _____

PASTOR'S SIGNATURE: _____

(Thanks for having your pastor sign this form, as it assures clear communication between your congregation and the GRR.)

***Mail all three pages of original document to:
Great River Region of the Christian Church (DOC)
4724 Hillcrest Avenue
Little Rock, AR 72205***