

ABC Invitational 2010 Consumed

March 25-27, 2010

Registration deadline is March 4, 2010

ABC-i 2010 is for students (9th grade and up), young adults, and youth workers. Please be sure that you:

- A) Fill out this registration form completely and sign it;
- B) Ask your parent or legal guardian to sign the form for medical release (or sign it yourself if you are not a minor);
- C) Enclose payment, making the check payable to **ABC-i 2010**.
- D) Mail your registration to: **ABC-i, 2020 Avalon Parkway, Suite 400, McDonough, GA 30253.**
- E) **Bring a sleeping bag, pillow, and towels--you will be staying in a lodge/cabin at the Calvin Center near Hampton, GA.**
- F) Contact kmusch@abc-coggc.org (or 404-791-7662) with flight arrangements by 3/4/10 if you need transportation from the airport to ABC-i.

Participant Name _____

Female Male Age _____

Address _____

Phone (including area code) (_____) _____ - _____

City/State/Zip _____

Church name _____

email _____

Graduation year _____ Grade _____

School/College _____

Intended major(s) _____

(most recently attended)

(leave blank if undecided)

Sponsor/Who is bringing you to ABC-i? _____

I plan to stay through Sunday morning I plan to leave before Sunday morning

Medical Release

As the parent or legal guardian of the participant, I hereby give consent for him/her to participate in the event. I understand that it will be his/her responsibility to conform to the programs, rules, and boundaries of this activity.

In case of emergency, I understand that full effort will be made to contact me at the numbers I provide. If I cannot be reached, I hereby give the directors of this activity, or the first aid personnel, permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary.

I give permission to those administering emergency treatment to do so as long as the treatment is administered by or under the supervision of a licensed physician. I absolve the directors of this activity or the first aid personnel from all liability in acting on my behalf in this regard so long as they are not grossly negligent. I further accept all financial responsibility for treatment, other than that provided by my own health insurance or that provided by **Atlanta Bible College** and **Turning Point Youth Ministries**.

Date of attendee's last tetanus shot _____

Health insurance company _____

Policy number _____

Group number _____

Please list any allergies _____

Please list any medications being taken _____

Atlanta Bible College and **Turning Point Youth Ministries** carry a **secondary** insurance policy to help with costs if there should be an accident or injury. This means that the event insurance coverage would be activated after the participant has exhausted their primary health insurance coverage, or in case the participant has no health insurance.

Emergency Contact Information

Emergency contact name _____

Cell phone (including area code) (_____) _____ - _____

Home phone (including area code) (_____) _____ - _____

Work phone (including area code) (_____) _____ - _____

For Participant & Parent/Guardian

I accept responsibility and agree to conform to the program, rules, and boundaries of this activity. I will also remember that this is a Christ-centered event and will conduct myself accordingly. I also agree to cooperate with the drivers and leaders and to wear my seat belt throughout the entire trip if the activity involves travel. I also consent to being filmed and photographed for possible use in a publication, web site, or video without compensation.

Participant signature _____

Parent/Guardian signature ** _____

Participant name (print) _____

Parent/Guardian name (print) _____

Date _____

Date _____

****If you are 18 years old or older you do not need to have a parent/guardian signature**

Cost: \$75 (you *must* have your enrollment form and check postmarked by **March 11, 2010**). **After March 11th**, the cost becomes **\$90**.

Make your check out to **"ABC-i"** and send it to:

ABC-i
2020 Avalon Parkway
Suite 400
McDonough, GA 30253

Atlanta Bible College and **Turning Point Youth Ministries** are presenting this event. For more information call ABC @ 404-362-0052. You can also check it out at www.tpym.com/abci.html

Registration begins on Thursday, March 25th at 5:00 PM. The event will conclude on Sunday morning with the option to attend a local Church of God service.

You must register so that we can reserve space for you.



ABC-i 2010 Consumed

March 25-27, 2010 @ Atlanta Bible College
9th grade and up + youth workers

ADDRESS SERVICE REQUESTED
MCDONOUGH, GA 30253
SUITE 400
2020 AVALON PARKWAY

NON PROFIT ORG
U.S. POSTAGE
PAID
PERMIT NO. 1371

