



**SBCD 2012 Registration & Lodging/Meal Form**  
 Southwest Baptist University, Bolivar, Missouri • July 21—27, 2012

**Full Week**

Last Name			Church Name		<p align="center"><b>Article V (SBCD By-Laws) Messengers</b> (For 13 Years Old and Up Only)</p> <p>Messengers to the SBCD shall be deaf people and deaf ministry workers who are active members of Southern Baptist churches and who have been "duly elected" by their churches as messengers. A church may elect a maximum of twenty (20)-qualified messengers. Messengers shall have full voting privileges. All others shall be recognized as visitors.</p> <p>For the year of 2012 with the approval of the church.</p> <p>Signed _____</p> <p>Position _____</p> <p>(Without Pastor/Leader's signature, you cannot vote at business meeting.)</p>
Address			Church Address		
City	St	Zip	Church City	St Zip	
<input type="checkbox"/> Phone	<input type="checkbox"/> FAX	<input type="checkbox"/> TDD	<input type="checkbox"/> Church Phone <input type="checkbox"/> Church Video Phone		
<input type="checkbox"/> Video Phone			<input type="checkbox"/> FAX <input type="checkbox"/> TDD		
E-Mail Address			Church E-Mail Address		

**Check One or More**

SBCD Registration Fee -- \$91.00 Full Week Per Person (13 Years Old & Up)	SBU Lodging/Meal Fees Adults and Youth 12 & Over: \$208.00 Children 4-11: \$123.40 Children 0-3: \$40.00 (Meals Only)	Deaf	Oral	Hearing	Deaf/blind or low vision	Jr. SBCD	Missionary	Missionary Spouse of	Interpreter	S. S. Teacher	Pastor	Pastor Spouse of	Lay Minister	Deacon	Reg. Fee	Lodging and Meals Fee	Child Meals Fee	Total Fee
First Name	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	
First Name Spouse	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	
First Name Child 0 Age:                      Grade:	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	
First Name Child Age:                      Grade:	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	
First Name Child Age:                      Grade:	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	
First Name Child Age:                      Grade:	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	
<p align="center"><b><u>ITP Workshops July 21 &amp; 22</u></b></p> <p>Do you plan to attend these workshops? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center"><b>Cancellation Policy:</b></p> <ol style="list-style-type: none"> <li>Full refund up to 60 days before conference time.</li> <li>50% refund from 59 to 30 days conference time.</li> <li>NO refund with less than 30 days before conference time.</li> </ol>	<p align="center"><b>Make a check payable to <u>SBCD</u></b></p> <p align="center">Mail Form and Check to: 2012 SBCD Registration 348 Turner Circle McDonough, GA 30252</p> <p align="center">For more information on this registration form, contact: <a href="mailto:2vicepres@sbcdeaf.org">2vicepres@sbcdeaf.org</a></p>												Sub Total Fee				
														Group Picture \$6.00				
														Sub Total				
														Deposit Required Individual \$50.00 -- Family \$100.00				
														Remaining Balance				
<p><b>For SBCD Only:      Dormitory:                      Room #:</b></p>		<p align="center"><b>Dormitory Information on 2<sup>nd</sup> Page. Please send both pages together.</b></p>																

**Dormitory Information • Southwest Baptist University • July 21-27, 2012**

DORMITORY	Elevators	DESCRIPTION	ROOMMATES
Landen Hall	No	Men on <u>2<sup>nd</sup> &amp; 3<sup>rd</sup> floor</u>	1. _____ 2. _____
Landen Hall	No	Family groups where the kids would share bath with parents on <u>1<sup>st</sup> floor</u>	1. _____ 2. _____ 3. _____ 4. _____
Meyer Hall*	No	Couple with no children or no more than 2 children in the same room. (Private bath)	1. _____ 2. _____ 3. _____ 4. _____
Plaster Hall*	No	Couple with no children; Women on 2 <sup>nd</sup> & 3 <sup>rd</sup> floor Senior Citizen on 1 <sup>st</sup> floor (Private bath)	1. _____ 2. _____

There are several handicapped rooms on first floor at both Meyer Hall\* or Plaster Hall\*

***Linens & Towels***

**Please bring your own twin-sized linens and towels.**

Southwest Baptist University will not provide any linens

**Room Key Deposit**

Room Key Deposit required: \$25.00 (cash or separate check payable to SBCD) per person  
Refund at the time of check out

MINOR (Under age 19) PARTICIPANT'S NAME: \_\_\_\_\_

(Please print)

**GENERAL RELEASE AND INDEMNIFICATION  
(FOR PARTICIPANTS UNDER AGE 19)**

I hereby represent that I am the parent or legal guardian of PARTICIPANT who is under the age of 19. For and in consideration of the Southern Baptist Conference of the Deaf (SBCD) and Southwest Baptist University (SBU) permitting PARTICIPANT to participate in the Southern Baptist Conference of the Deaf to be held July 21-27, 2012 hereafter referred to as "CONFERENCE", I hereby release the SBCD/SBU from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against the SBCD/SBU arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD or SBU.

I further agree to indemnify and hold harmless the SBCD/SBU from all claims, demands, suits, causes of action, or judgments which PARTICIPANT ever had, now have, or may have in the future or which PARTICIPANT'S heirs, executors, administrators, or assigns may have, or claim to have against the SBCD/SBU arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD/SBU and on SBCD's/SBU's behalf and in SBCD's/SBU's name, defend at my own expense any such claims, demands, suits, causes of action, or judgments described above.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by SBCD's/SBU's negligence or otherwise.

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the church's group leader, not SBCD or SBU, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SBCD and SBU from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SBCD and SBU events.

SBU's guest medical supplement will assist within current/prescribed **limitations** in a similar way to a secondary carrier. If no insurance is provided by the family or the sponsoring church/organization, SBU's guest medical supplement will also assist within current/prescribed **limitations**.

**Transportation Release:** I (we) hereby waive, release and discharge SBCD, SBU, their staff, employees, and agents from any claim or cause of action of any kind related to transportation of the above minor child, to and from any SBCD/SBU events in which said child may participate. Also, I (we) waive any claim against the driver/owner of any vehicle used in the transportation of my child from any action arising during, before, after or otherwise related to the SBCD/SBU events.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to SBCD/SBU. SBCD/SBU, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY PUBLIC**

\_\_\_\_\_  
SIGNATURE(S) OF PARENT(S) or LEGAL GUARDIAN(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
CANNOT BE NOTARIZED BY SELF OR SPOUSE

Sworn and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

My Commission expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Copy: (1) Church leader or chaperone  
(2) SBCD File

## REQUIRED MEDICAL FORM

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Name of church and group leader or chaperone \_\_\_\_\_

### TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN (FOR PARTICIPANTS UNDER AGE 19)

Full Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Complete Mailing Address of Child \_\_\_\_\_  
\_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_

Father's Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Please provide the name of another contact person in case parents cannot be contacted for an emergency situation:

Contact Person's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Relation to Child \_\_\_\_\_

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#### INSURANCE INFORMATION

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Complete Mailing Address of Insurance Company \_\_\_\_\_  
\_\_\_\_\_

Phone Number of Insurance Company (\_\_\_\_\_) \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Holder's Employer \_\_\_\_\_

Social Security Number of Child \_\_\_\_\_ S.S. # of Policy Holder \_\_\_\_\_

Medicaid or Medicare Claim Number \_\_\_\_\_

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#### MEDICAL INFORMATION

Family Physician's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Is your child allergic to any medications(s)? \_\_\_\_\_ If so, list name(s) of medicine: \_\_\_\_\_  
\_\_\_\_\_

Is there any special health information, medication, allergies, we should know about your child?

If so, please explain \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_ Are all immunizations current? Yes \_\_\_\_ No \_\_\_\_

Copy: (1) Church leader or chaperone  
(2) SBCD File