# 2024 SUMMER STUDENT SPIRITUAL CONVOCATION

## DALLAS, TX

| **Classes:** | **E2 & J1/J2** |
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| **Dates:** | Sunday, 06/09 (5:30 pm) – Friday, 06/14 (4:30 pm) |
| **Venue:** | Dallas Church, 1551 S Jupiter Rd, Allen, TX 75002 |

***Instructions:*** *Please return the completed form to the RE Coordinator by* ***04/27***

***\* Remote area members:*** *Please scan and email the form to* [*CentralRegionSSC@tjc.org*](mailto:CentralRegionSSC@tjc.org) *by* ***04/27***

***\* Truth Seekers:*** *Please seek approval from the local Church Council and SSC Coordinator first*

***\**** *Students may arrive* ***no earlier than Sunday (6/9)*** *and depart* ***no later than Saturday (6/14),*** *unless parents make arrangements with the local church.* ***Please purchase air tickets after getting confirmation from the local church for any extended stay. Please contact*** [***dallas@tjc.org***](mailto:dallas@tjc.org) ***to make arrangements.***

## Participant Information

| Last Name | First Name | Middle Initial | | Class to attend  ❑ E2 (Grades 4 to 6)  ❑ J1 (Grades 7 to 9)  ❑ J2 (Grades 10-12) |
| --- | --- | --- | --- | --- |
| Gender: ❑ M ❑ F | Local Church Affiliation | Age | Grade (as of Sept) |
| Student Email Address | | Parent/Guardian Email Address | | |
| Have you received water baptism?  ❑ Yes ❑ No | Have you received the Holy Spirit?  ❑ Yes ❑ No | Can you serve as pianist and play hymns?  ❑ Yes ❑ No | | Can you serve as hymn leader?  ❑ Yes ❑ No |
| **Do you have any allergies or medical conditions that require special attention?**  ❑ No ❑ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Do you need interpretation?  ❑ Yes ❑ No | | Do you need a sleeping bag?  ❑ Yes ❑ No |
| Emergency Contact Name | Relationship | Contact Daytime Phone # | | Contact Evening Phone # |
| **Dress code is conservative church attire. Appropriate hairstyles and hair color are required.**  The following are not appropriate: backless sandals, sleeveless/see-through tops, low necklines, skirts falling above the knee, low-risers, tight or baggy pants, clothing that shows the belly button or underwear.  **By signing below, I have read and agreed with the above statements.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Printed Name of Participant Signature of Participant*  Date**  **General Media Release**   Yes, I agree to the following: I hereby grant the True Jesus Church and its authorized employees and agents permission to copy, exhibit, use, take, edit, distribute and/or publish my child's photographic likeness, name, voice, and/or image, in whole or in part, as it relates to my child's participation in this event, for any lawful purposes. Said publication may be via photographs, videos or other media formats. I further grant the General Assembly of the True Jesus Church the same permission to use any written or verbal statements or testimonies made by my child. It is understood that no monetary compensation has been paid and no fee or compensation shall be due to me for giving the aforementioned permissions.   No, I choose to opt out of this media release. I understand that my child will not be included in events such as group photos or any formal presentations that will be recorded.  **Medical Consent and Liability Release**  I give permission to the church personnel, in the case of an emergency and no contact indicated above can be reached, to arrange for participants to be taken to the emergency room. I also authorize the hospital medical personnel to administer any necessary and required medical care on participants. In consideration for Participant being permitted to participate in this event and related activities, I, on behalf of myself, Participant, my next of kin, heirs and representatives, shall not bring a legal suit, enforce any legal rights; and hereby release, waive, discharge, hold harmless, indemnify and perpetually defend the General Assembly of the True Jesus Church, the True Jesus Church, and its employees, officers, volunteers and agents (collectively "TJC") for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by me and Participant arising out of or in any way associated with the participation of Participant in the given program, travel incident thereto, whether by negligence or not to the fullest extent permitted by law. I understand and fully acknowledge that the participation of participants in these activities is voluntary and solely at our own risk and we assume full legal and non-legal responsibility.  **By signing below, I acknowledge that I have read and agreed with the above statements.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Printed Name of Parent/Guardian Signature of Parent/Guardian*  Date** | | | | |

**SSC Transportation Information (For Out-of-Town Students only)**

| Name | | Mobile Phone # | Church |
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| **Arrival Information** | | **Departure Information** | |
| Date of Arrival | Time of Arrival | Date of Departure | Time of Departure |
| Flight, Bus, Train # | Place of Arrival (Airport, Bus or Train Station) | Flight, Bus, Train # | Place of Departure (Airport, Bus or Train Station) |
| Facilitation arranged and approved by the local church council (Early Arrival or Extended Stay) | | | |