

# ADULT REGISTRATION FORM

(Please ✓ the appropriate boxes)

<b>Name:</b>	<input type="checkbox"/> I am over 21	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>School/HSSP:</b>	<b>Cust. Code:</b>		
<b>Mobile Phone:</b>			

**Your experience with the A.C.E. program:**

**Length of Time:** \_\_\_\_\_ Years      \_\_\_\_\_ Months

**Position Held:**       Pastor       Principal       Parent       Monitor       Coach       Supervisor

Other: \_\_\_\_\_

*Please tick ✓ the appropriate boxes to indicate your understanding and acceptance of your responsibilities.*

**I am sponsoring students**

Initial

- \_\_\_\_\_ I have read the SPONSORS information page and agree to abide by and support these standards.
- \_\_\_\_\_ I hereby accept responsibility for the supervision of the named student(s) and will ensure that my student(s) abide by the Convention Guidelines at all times during this Convention.
- \_\_\_\_\_ I have obtained the relevant medical information for the student(s) I am sponsoring, and have it at Student Convention, either in my possession or in the possession of my school's First Aid Officer.
- \_\_\_\_\_ I understand that I am responsible for the medical care of the student(s) that I am sponsoring, and have any prescription medications that my student(s) may require.

*Schools (and HSSPs sponsoring students outside of their own family) must have written permission for medical treatment for each student signed by the student's parent(s). Relevant medical information must be obtained in regard to medical conditions, medication, and allergies, and brought to Student Convention by the sponsor(s) or school's First Aid officer. SCEE accepts no responsibility for First Aid for students or sponsors.*

*Please list the name(s) of the student(s) that you will be sponsoring in the allocated space on the Sponsor's page.*

**I am the First Aid Officer for the School/HSSP**

**I am volunteering to Judge, and the sponsor for my students while I am judging (if applicable) is**

\_\_\_\_\_ (name) from \_\_\_\_\_ (school)

- I have submitted an Application for Scripture Award**
- GOLDEN APPLE     GOLDEN LAMB     CHRISTIAN WORKER  
 GOLDEN HARP     CHRISTIAN SOLDIER     SILVER APPLE

**Please provide the following information if you are volunteering to judge:**

Area of conflicting interest: (ie. student/relative performing)	
I have served as a judge at: (please list Convention and years)	
I have served as a coordinator in: (please list area and year)	
Non-Convention experience in your chosen area:	

<b>Signature:</b>		<b>Date:</b>	
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## SPONSOR APPLICATION FORM

<b>Sponsor's Name:</b>	
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Please list the full name/s of the student(s) from your school/family for whom you are responsible:

M/F	Full Name	Age

Please list the full name/s of the student(s) from other schools for whom you are responsible:

M/F	Full Name	School	Age

Please list the full names of non-competing children for whom you are responsible:

M/F	Full Name	School	Age

**Additional Adults:**

Please list the full names of any adults attending with your group who are not sponsors.

M/F	Full Name	School

