



East Coast Coptic Children Convention (ECCCC)

Child & Servant Participation Release Form

Retreat Selection:	<input type="checkbox"/> NY & NJ Retreat	<input type="checkbox"/> NE Retreat
Registrant Type:	<input type="checkbox"/> Child	<input type="checkbox"/> Servant

Participant Information

Full Name: _____

Date of Birth: ___ / ___ / _____ | School Grade: _____

Parent/Guardian Name (if applicable): _____

Address: _____

City: _____ | State: _____ | Zip Code: _____

Mobile Phone: _____ | Email: _____

Emergency Contact: _____ | Emergency Phone: _____

Medical Information

Special conditions, medications, or allergies: _____

Consent and Release

I, the undersigned, have legal custody of the participant named above and grant permission for his/her participation in the East Coast Coptic Children Convention (ECCCC). I understand that participation in this event involves certain risks, and I hereby release and hold harmless the New York & New England Coptic Orthodox Diocese, including its officers, clergy, servants, volunteers, and representatives, from any liability for injury, loss, or damage to person or property that may occur during the retreat.

In the event of a medical emergency, I authorize the Diocese and its designated representatives to arrange for necessary medical treatment by a licensed healthcare provider. I acknowledge that I am financially responsible for any medical expenses incurred.

Additionally, I grant permission for photographs and videos of myself (or my child) taken during the retreat to be used for promotional and ministry-related materials in print and digital formats.

Parent/Guardian (if minor) or Participant Signature: _____

Date: ___ / ___ / _____