

# HIDE & SEEK

## The 2011 Christian Leadership Conference

June 27—July 2, 2011  
Concordia University  
Austin, TX  
9th grade to graduated seniors

The Christian Leadership Conference is a youth-led event that exists to connect youth through worship, ministry, discipleship, fellowship and evangelism.

### Verse for the week

"They will receive blessing from the Lord...such is the generation of those who seek him, who seek your face, O God of Jacob."  
Psalm 24:5-6

The Christian Leadership Conference is a week-long event focused on spiritual growth and Christian fellowship. It is designed for youth who have completed the 8th grade through graduated high school seniors. Morning and evening devotionals are planned to complement our prayer and praise and Holy Eucharist services. CLC workshops are geared to enhance spiritual knowledge and give practical application of that knowledge. Social events include a concert, themed dance and eclectic talent show. CLC is held on the beautiful campus of Concordia University in Austin. For more information about Concordia, visit their website at [www.concordia.edu](http://www.concordia.edu). Directions to Concordia can be found at:  
[www.concordia.edu/page.cfm?page\\_ID=81](http://www.concordia.edu/page.cfm?page_ID=81).

### How to register

Simply fill out the registration form, permission form and workshop preference sheet (on back of registration form). Send the completed form with a \$75 non-refundable deposit (please make checks payable to Episcopal Diocese of Texas, memo: CLC) to: CLC, c/o Division of Youth, 1225 Texas St., Houston, TX 77002. The balance of the registration fee may be paid at the time of the event (June 27).

### Costs and deadlines

Very Early Bird Special: \$275 if postmarked by April 18.  
Early Bird Special: \$300 if postmarked by May 17.  
Final Registration: \$325 if postmarked by June 6.  
**NOTE: Applications postmarked after June 6 will not be accepted.**

### Scholarship Information

The Division of Youth will provide a \$90 scholarship to those in need of financial assistance. Simply write "scholarship needed" at the bottom of the registration form. Scholarships cannot be used as the deposit for CLC.

After your registration form has been received, you will be mailed a confirmation postcard. You will receive an event packet with more CLC details in late May/early June.

### About the Workshops

Workshops are an integral part of the CLC experience. The workshops allow for a variety of Christian education opportunities as well as practical applications of faith. A list of workshop descriptions can be found on the Division of Youth web page at <http://www.epicenter.org/youth/forms>. Workshop availability is based on the number of people registering for each workshop. Therefore, some workshops may not be presented. This is why we ask you to make eight selections.

### Questions???

Please contact:  
Diocesan Division of Youth, CLC Registrar 713.520.6444

Diocese of Texas Division of Youth events are open to all youth regardless of race, ethnic background, gender, disability or socio-economic status. The Division of Youth provides scholarships for all events and is committed to eliminating financial obstacles that may prevent youth from attending events. For more information, please contact the Div. of Youth at 713-520-6444.

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Participant's Name \_\_\_\_\_  
Goes by (name) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

T-shirt: S M L XL XXL

Church Name & City \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Ph.# \_\_\_\_\_  
Email \_\_\_\_\_  
Parent/Guardian Work Ph \_\_\_\_\_  
Parent/Guardian Cell Ph \_\_\_\_\_  
If unavailable in emergency, notify \_\_\_\_\_  
Ph# \_\_\_\_\_

Allergies to medications and reaction \_\_\_\_\_

Other Allergies \_\_\_\_\_

Medications sent with participant \_\_\_\_\_

Special dietary needs \_\_\_\_\_

Please list any special needs your child may have \_\_\_\_\_

Note: Prescribed medications must be in original pharmacy container with the correct name, date, instructions and physician's name on label. Over-the-counter medications must be in original container and have dosage information clearly printed on container. The event nurse will keep and distribute all medications during the event.

Please notify the event coordinator or nurse if this participant has been exposed to any communicable disease within the 3 weeks prior to this event. Participants will NOT be allowed to attend if they arrive at the event ill.

Are there any over the counter medications that the participant should not receive if any minor symptoms develop? (i.e. Tylenol, Advil, Kaopectate, etc.) \_\_\_\_\_

Insurance Co. \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group# \_\_\_\_\_  
Insurance Co. Ph# \_\_\_\_\_

(please include a copy of both sides of insurance card with registration form)

Please fill out both sides of this form completely.

## Permission and Release

In signing this document, I hereby certify that I give permission to my child to participate in this event sponsored by the Episcopal Diocese of Texas.

I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others.

I understand that pictures and videos of my child may be taken at this event. I hereby give permission for the use of such pictures and videos to be used for the promotion of Division of Youth events.

I agree to hold harmless the leaders of my church, the leaders of other churches involved, the event coordinators, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

I understand that the terms herein are contractual and not a mere recital.

Child's name (print) \_\_\_\_\_

Custodial Parent or Legal Guardian Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Custodial Parent or Legal Guardian Name (print)

\_\_\_\_\_

Please fill out both sides of this form completely.

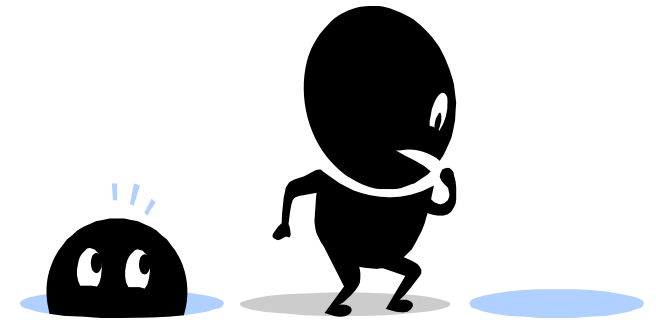
## Workshop Preferences

Your Name: \_\_\_\_\_

Please choose eight (8) workshops you would be interested in attending at CLC. Indicate this preference by placing an "X" next to the workshop.

- \_\_\_\_\_ Agree to Disagree
- \_\_\_\_\_ Biblical Stories You Think You Know
- \_\_\_\_\_ Art
- \_\_\_\_\_ Atheists & Agnostics
- \_\_\_\_\_ Christianity and the Media
- \_\_\_\_\_ Connecting the Trinity to Daily Life
- \_\_\_\_\_ Defending Your Faith
- \_\_\_\_\_ Drama (two session workshop)
- \_\_\_\_\_ Emotional and Spiritual Journeys
- \_\_\_\_\_ Episcopal 101
- \_\_\_\_\_ Evangelism, Not Sales
- \_\_\_\_\_ Forgiveness
- \_\_\_\_\_ Holy Sacraments
- \_\_\_\_\_ Humility
- \_\_\_\_\_ Keeping Christ in Relationships (all types)
- \_\_\_\_\_ Leading Bible Studies
- \_\_\_\_\_ Life after Youth Group
- \_\_\_\_\_ Little catholic and Big Catholic
- \_\_\_\_\_ Managing Stress
- \_\_\_\_\_ Music and Worship
- \_\_\_\_\_ One Church (really, there's only one)
- \_\_\_\_\_ Poetry as Prayer
- \_\_\_\_\_ Prayer, Meditation and Relaxation
- \_\_\_\_\_ Service/Stewardship
- \_\_\_\_\_ Spiritual Gifts
- \_\_\_\_\_ Superwomen of the Bible
- \_\_\_\_\_ Temptation/Sin
- \_\_\_\_\_ World Religions

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