

**FILIPINO AMERICAN YOUTH SUMMIT (“FAYS”)  
Registration & Parental Consent Form  
Orlando Filipino Seventh-Day Adventist (OFSDA) Church  
1226 Bunnell Rd., Altamonte Springs, FL 32714  
Event Dates: July 31, 2026 – August 2, 2026  
Ages: 12–17 years old**

**PARTICIPANT INFORMATION**

**Participant Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Phone:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact (if different from parent/guardian):**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Information (Allergies, medications, dietary restrictions, etc.):**

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**EVENT REGISTRATION FEE**

**Registration Fee: \$15.00 per participant**

This fee covers meals for:

- Saturday, August 1, 2026 (Breakfast, Lunch & Dinner)
- Sunday, August 2, 2026 (Brunch)

**Payment Method:**  Cash  Zelle (407-756-2625 Mary Concengco)  Check (Payable to: Orlando Filipino Seventh-Day Adventist Church)

**Amount Paid:** \$ \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

## **PARENTAL CONSENT & LIABILITY WAIVER**

I, the undersigned parent/legal guardian of the above-named participant, grant permission for my child to participate in the **Filipino American Youth Summit** held from July 31, 2026, through August 2, 2026, at the Orlando Filipino Seventh-Day Adventist Church.

I understand that participation in this event involves activities that may include group sessions, recreational activities, and general church-related programming. I acknowledge that while reasonable precautions will be taken for safety, accidents may occur.

I hereby release, waive, discharge, and hold harmless the Orlando Filipino Seventh-Day Adventist Church, its pastors, leaders, volunteers, staff, and representatives from any and all liability, claims, demands, or causes of action arising out of or related to any injury, illness, loss, or damage that may occur to my child while participating in this event or while on church property.

I authorize event leaders to obtain medical treatment for my child in case of emergency if I cannot be reached. I agree to be responsible for any medical expenses incurred.

I certify that my child is physically able to participate in event activities and that all medical information provided above is accurate.

### **PHOTO/MEDIA RELEASE (Optional but Recommended)**

- YES, I give permission for my child's photo/video to be used for church promotional purposes.  
 NO, I do not give permission.

### **PARENT/GUARDIAN SIGNATURE**

Parent/Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **PARTICIPANT AGREEMENT**

I agree to follow all event rules and respect leaders, fellow participants, and church property.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2026, before me personally appeared \_\_\_\_\_ (Parent/Guardian), known to me or satisfactorily proven to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ (Notary Seal)