

# St. Mark Festival

## Mahragan Alkeraza

### Activity Registration Form

#### Participant Information:

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

AGE: \_\_\_\_\_ Grade: (finished) \_\_\_\_\_ Phone Number: \_\_\_\_\_

T-Shirt Size (Circle one):

Youth S          Youth M          Youth L          Youth XL  
Adult S          Adult M          Adult L          Adult XL          Adult XXL

#### Church Information:

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please select all activities you wish to participate in:

- |  |  |
|--|--|
| <input type="checkbox"/> Lessons / Bible & Memorization (Required) | <input type="checkbox"/> Choir                   |
| <input type="checkbox"/> Hymns / Tasbeha (Required)                | <input type="checkbox"/> Music Instrument Team   |
| <input type="checkbox"/> Coptic Language (Required)                | <input type="checkbox"/> Drama                   |
| <input type="checkbox"/> Arts (crafts, drawing, painting...etc)    | <input type="checkbox"/> Basketball (Gr. 3 & UP) |
| <input type="checkbox"/> Research Paper (Gr. 3 & UP)               | <input type="checkbox"/> Soccer (Gr. 3 & UP)     |
| <input type="checkbox"/> Multimedia & Technology (Gr. 3 & UP)      | <input type="checkbox"/> Ping Pong (Gr. 3 & UP)  |
| <input type="checkbox"/> Creative Writing (Gr. 3 & UP)             | <input type="checkbox"/> Volleyball (Gr. 3 & UP) |
|  | <input type="checkbox"/> Chess (Gr. 3 & UP)      |

# Mahragan Alkeraza Rules

*"He who heeds instruction and correction is (not only himself) in the way of life (but also) is a way of life for others." (Proverbs 10:17)*

Please remember this is a Christian competition and as such you are expected to act accordingly.

## PARTICIPATION:

- Each person wishing to take part in the Mahragan must take the written Bible exam to be able to participate in other activities. There will be no exceptions to this rule.
- No electronic devices of any kind including cell phones or iPods will be allowed during the written portion of the competition.

## ATTIRE:

- *Modest attire is required at all times. Please wear appropriate clothes for the written exam, sports, and leisure activities.*

## BEHAVIOR:

- *No cheating*
- *No fighting*
- *No use of bad words or inappropriate language*

PLEASE NOTE: Any disorderly conduct that limits the other participants' right to enjoy a spiritual competition will be dealt with immediately.

*I understand that my son or daughter will attend the Saint Mark Festival. I realize that the clergy and servants involved will exercise every precaution for my child's safety. I agree to assume full responsibility for any unforeseen accident, which might occur during participation. I further insure that my son or daughter has been instructed to comply with the clergy, servants, and Festival regulations.*

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Form and \$\_\_\_\_\_ registration fee are due no later than \_\_\_\_\_

*\*Parents and participants must read, fill out, sign, and return  
this release to your church leader prior to arrival at St. Mark Festival Activities*

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_ give my son/daughter, \_\_\_\_\_  
permission to attend St. Mark Festival's activities/sports and more. I hereby authorize the leaders of the St.  
Mark festival to act for me according to their best judgment in an emergency requiring medical attention  
and I agree to take responsibility for the expenses of such procedure. I understand the Sunday School  
teachers/servants and the church will not be responsible for any accident or injury and are held harmless of  
any liabilities.

I, \_\_\_\_\_ the undersigned, am also responsible for any damage my  
son/daughter, \_\_\_\_\_, would cause during their stay, and I understand that  
there are rules and guidelines; my son/daughter has to follow.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical History: \_\_\_\_\_