

# NABF Young Prophetic Voices Initiative

## ADULT PARTICIPANT REGISTRATION FORM



Thank you for your interest in the NABF Young Prophetic Voices (YPV) Initiative. This initiative is designed to help youth ages 13–18 develop their leadership skills and use their voice to share their faith, advocate for justice, and serve their communities.

**Please make sure all required materials are completed and returned as part of your registration package to the NABF in advance of the deadline.** As the adult leader, you are responsible for submitting all participant registrations on your youth participants' behalf.

Please complete all parts of the registration below:

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### SECTION 1: ADULT PARTICIPANT'S PERSONAL INFORMATION

Full Name (as on your official ID<sup>1</sup>): \_\_\_\_\_

Birthdate (Day, Month, Year): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

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

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

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

Church Address: \_\_\_\_\_

Pastor's Full Name: \_\_\_\_\_

National (or local) Baptist Organization Your Church belongs to: \_\_\_\_\_

### EMERGENCY CONTACT *(For our in person gathering)*

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

Relationship: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

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<sup>1</sup> The ID you will use to travel to the in-person retreat.

**SECTION 2: DIETARY NEEDS, MEDICAL CONDITIONS, MOBILITY ISSUES** (For our in person gathering, please share with us any details which will help us can accommodate you as best as we are able.)

Do you have any allergies or other special dietary needs we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies, medical conditions, or medications we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Do you have any mobility issues that would affect your ability to fly, or participate in retreat activities?

\_\_\_\_\_

\_\_\_\_\_

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**SECTION 3: TRAVEL NEEDS / PREFERENCES** (If there is any additional information that would be helpful to us as we arrange flights and accommodations, please share this below. For example, do you have a preferred departure/arrival airport? There will be future opportunities to share additional information.):

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\_\_\_\_\_

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**SECTION 4: PARTICIPANT COMMITMENT**

Check the boxes below to affirm your commitment to:

☐ **Participation & Engagement:**

- a. Attend all virtual and in-person program sessions and serve as a point of contact for the youth participants from my church.*
- b. Encourage full participation of all assigned youth and support their learning, reflection, and advocacy activities.*
- c. Actively engage in the in-person retreat as a supervising leader.*

☐ **Treatment of Youth:**

- a. Foster a safe, inclusive, and respectful environment for all youth participants.*
- b. Demonstrate Christ-like conduct in all interactions, modeling compassion, respect, humility, and fairness.*
- c. Maintain appropriate boundaries at all times.*
- d. Never engage in or tolerate any form of harassment, discrimination, bullying, or abuse.*
- e. Avoid private or isolated situations with youth and ensure transparency in all communications.*
- f. Immediately report any incident of concern, including physical or emotional harm, to NABF leadership.*

☐ **Communication and Confidentiality:**

- a. Use discretion when handling youth information and respect confidentiality, except in matters requiring mandatory reporting.*

*b. Maintain communication with NABF leadership throughout the program, providing updates and feedback as needed.*

☐ **Commitment to Justice and Faith Formation:**

*a. Help youth connect biblical faith to justice, service, and advocacy.*

*b. Guide youth in developing their 'Voice Projects' and encourage collaboration and accountability in completing their advocacy work.*

*c. Support the post-retreat service project and encourage ongoing engagement in faith-based community leadership.*

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**SECTION 5: MEDICAL & EMERGENCY RELEASE**

☐ *I, the undersigned, authorize the North American Baptist Fellowship (NABF) and its designated representatives to obtain emergency medical treatment on my behalf in the event of illness or injury during the Young Prophetic Voices Initiative activities, if I am unable to communicate or make such decisions. I release NABF and its representatives from any liability resulting from emergency medical care. Reasonable efforts will be made to contact my emergency contact when possible.*

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**SECTION 6: MEDIA & IMAGE RELEASE**

☐ *I grant permission to the North American Baptist Fellowship (NABF), its affiliates, and partners to capture and use my image, likeness, voice, and statements for use in photographs, video, digital media, and promotional materials related to the Young Prophetic Voices Initiative. I waive any right to financial compensation and release NABF from liability regarding use of such media.*

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**SECTION 7: ACKNOWLEDGEMENT & SIGNATURE SECTION**

**By signing this form, I acknowledge that I will adhere to all guidelines (outlined above), engage fully in participation, extend respect to fellow participants and adult leaders, and complete all assigned projects punctually and to the best of my ability.**

**ADULT PARTICIPANT NAME** (please print): \_\_\_\_\_

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

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

For any questions, please contact us at: [admin@nabfellowship.org](mailto:admin@nabfellowship.org)