

*Shrine of the Black Madonna  
Of the Pan-African Orthodox Christian Church  
National Office: 700 Seward Detroit, Michigan 48202  
Southern Regional Office: 960 Ralph D. Abernathy Blvd. SW, Atlanta, Georgia 30310  
Jaramogi Abebe Agyeman, Founder and 1<sup>st</sup> Holy Patriarch  
Jaramogi Menelik Kimathi, Presiding Bishop*

**ALKEBU-LAN ACADEMY YOUTH PROGRAM  
REGISTRATION FORM**

January 01, 2018 – January 01, 2019

**Participant's Information:**

Participant's Name: \_\_\_\_\_

Participant's African Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ School Grade: \_\_\_\_\_

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

Participant's email address: \_\_\_\_\_ Participant uses Facebook? \_\_\_ Yes \_\_\_ No

Siblings registered in Alkebulan Academy Youth Program:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Primary Care Giver's Contact Information:**

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

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_ Facebook/Skype: \_\_\_\_\_

Best Way to Contact: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_ Facebook/Skype: \_\_\_\_\_

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Best Way to Contact: \_\_\_\_\_

**Primary Care Giver's Contact Information continued:**

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

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_ Facebook/Skype: \_\_\_\_\_

Best Way to Contact: \_\_\_\_\_

*\*Note: In addition to written and verbal announcements, communication about Alkebulan Academy events will often be done by email. Please list email(s) that you check on a regular basis.*

**Emergency Contact Information:**

In case of an emergency, list the person(s) to be contacted other than parent:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Adults Approved For Child Pick Up:**

For your child's protection, please fill out the names of persons authorized to pick up your child from the Alkebulan Academy Youth Program, other than yourself. Please inform the authorized persons to be prepared to identify themselves to our staff. Please list parent, other than the one who signed this, if authorized to pick up.

The following persons are permitted to pick up my child from Alkebulan Academy Youth Program events, activities, functions, and outings.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Is there anyone who might come for your child to whom you **DO NOT** wish to have your child released (other parent, for instance)?

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Legal Guardian

Date

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**ALKEBU-LAN ACADEMY YOUTH PROGRAM**  
**GENERAL PROGRAM RELEASE AND WAIVER OF LIABILITY**

January 01, 2018 – January 01, 2019

I/We hereby grant permission for my/our child \_\_\_\_\_ to be a member of the Alkebulan Academy Youth Program at the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church and to participate in activities arranged by the Youth Program, Youth Ministry and/or Youth Leadership in this regard. I fully understand and voluntarily agree that my child will participate in all the classes, activities, and extra-curricular activities of the Alkebulan Academy Youth Program at the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church, including, but not limited to: physical activities, sporting events, field trips, free play, and outings at various locations on and off the church property. We recognize the importance of the commitment that my/our child makes and that their participation as a part of a larger community calls for responsible behavior. Therefore, I/we agree that if this child engages in behavior which, in the judgment of the adult leaders, is not in the best interest of the program, trip or event, my/our child or any member of the group may, therefore, be sent home. I/We will assume full legal and financial responsibilities for such a return trip.

As consideration for the above described services provided by the Alkebulan Academy Youth Program at the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church, I/We hereby expressly agree to hold harmless and release from any liability all participants of the Alkebulan Academy Youth Program and the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church, its National Headquarters in Detroit, Michigan, all its subsidiaries, personnel, officers, agents, employees, volunteers, staff, adult leaders, and representatives from any claims for unintended or unexpected accidents or injuries incurred by my/our child in any manner or form that might occur while participating in the Alkebulan Academy Youth Program and its events or while traveling to or from said events.

In granting this permission and release, I/We specifically recognize that my/our child may from time to time be transported to events by private vehicles operated by advisors or volunteers not as agents, employees or representatives. In such regard, I/We specifically release and will hold harmless the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church in Atlanta, Georgia, its National Headquarters in Detroit, Michigan, all its subsidiaries, personnel, officers, agents, employees, volunteers, staff, adult leaders, and representatives from any and all claims or liabilities which may arise as a result of such transportation whether or not organized by the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church in Atlanta, Georgia.

I knowingly and voluntarily enter into this agreement, assume all risks, and accept the above waiver completely; and, hereby request that the Shrines of the Black Madonna of the Pan African Orthodox Christian Church, its agents, employees, volunteers, staff, adult leaders, and representatives rely upon the same as a condition precedent to my child participating in the program.

\_\_\_\_\_  
Date

Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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**ALKEBU-LAN ACADEMY YOUTH PROGRAM**

**PARTICIPANT HEALTH FORM**

January 01, 2018 – January 01, 2019

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Primary Physician/Clinic: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Group #: \_\_\_\_\_ Identification # \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Does this participant have any physical, psychiatric, emotional or behavioral conditions, including pre-existing illnesses and seizures, of which the Youth Program/Ministry leadership should be aware? List pertinent family medical history information as well, such as TBC, mental illness, allergies, diabetes, heart disease, alcoholism, drug addiction, HIV/AIDS, other (specify): (Please use the back of this form or an additional page if necessary)

Restrictions on activities: \_\_\_\_\_

Regularly prescribed medications, doses, and adverse reactions: \_\_\_\_\_

Date of most recent tetanus booster? \_\_\_\_\_ Allergic to drugs? Explain. \_\_\_\_\_

Allergies, including food allergies, or special diet? \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**ALKEBU-LAN ACADEMY YOUTH PROGRAM**  
**PARENT/GUARDIAN EMERGENCY MEDICAL AUTHORIZATION**

January 01, 2018 – January 01, 2019

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted on the Alkebulan Academy Youth Program Participant Health Form. The following authorization empowers the staff and volunteers of the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church to take whatever steps they deem necessary to insure the well being of my child should a medical emergency occur during a youth group meeting/activity.

Every attempt will be made to contact the child's care-givers and/or emergency contact provided.

I, \_\_\_\_\_ do hereby authorize the volunteers of the Alkebulan Academy Youth Program of the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church to administer or procure any emergency medical procedures in the treatment of (participant): \_\_\_\_\_ if needed while he/she is engaged in activities of the Alkebulan Academy Youth Program. My child is in good physical health and does not have any conditions or disabilities which may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church to secure proper treatment through the provision of medical, surgical or hospital attention for my child named above.

I relieve the church and its officers from any liability resulting from such emergency medical procedures as are procured. I shall assume responsibility for payment of services.

I agree to keep the Alkebu-lan Academy Youth Program of the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church informed of changes in telephone numbers, cell phones, etc., where I can be reached.

This consent shall be effective from: January 1, 2018 to January 1, 2019

Primary Physician/Clinic \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Group #: \_\_\_\_\_ Identification # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

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**ALKEBU-LAN ACADEMY YOUTH PROGRAM**

**C.O.U.R.A.G.E. COVENANT**

January 01, 2018 – January 01, 2019

**C.O.U.R.A.G.E.**

We, the members of the Alkebulan Academy Youth Program of the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church in Atlanta, Georgia, affirm that we believe in **C.O.U.R.A.G.E.**

**Connectedness**, the understanding that we are all truly related, that all human beings are interconnected to each other and all other forms of life in a cosmic web of energy, being, and creative intelligence that is far larger than ourselves, and that therefore we should respect and value those living connections and help them to thrive and grow, rather than working to break them by dividing ourselves from others or doing anything that would harm life;

**Open-mindedness**, the ability to listen and be open to everyone’s unique ideas, perspectives, and beliefs, so that we may learn from the experiences and wisdom of others, even if we differ from them;

**Universal Outreach**, the recognition that our greater mission is to bring about the Kingdom of God on Earth by reaching out and serving those in our lives, in our church, in our community, and in our world who may need our help, love, friendship, and compassion;

**Respect**, the sense that it is good and necessary to treat others as we would wish to be treated and that we must commit ourselves to compassion, empathy, and understanding in all our actions and relationships;

**Acceptance**, the willingness to welcome anyone who is seeking to be his/her best self into our circle, regardless of who they are, where they come from, or where they are in life’s journey;

**Generosity**, the motivation to use the teachings of Jesus the Black Messiah and others as an inspiration to give plentifully of our time, talents, and resources, and to serve others, especially those in the Pan-African World Community, enthusiastically and abundantly as we strive for creating social justice in our world;

**Enthusiasm**, the inspiration to have fun together in all that we do, to live life zestfully and with joy in our hearts, as we work, play, and pray together in a loving and supportive community that brings vitality, Spirit, and wholeness to all.

**COVENANT**

A covenant is an agreement in partnership with God between members of a community. As a participant in the Alkebulan Academy Youth Program of the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church activities and trips, I, \_\_\_\_\_ covenant to embody C.O.U.R.A.G.E. I covenant to be open minded, flexible, and compassionate, showing respect for other people, their bodies, their property, their cultures, and their beliefs. I also covenant to listen to directions, to be mindful of safety, and to abstain from any behavior that harms or endangers myself, others, or the health of the group, including but not limited to bullying, sexual activity, harassment, violence, negativity, intense displays of affection, and possession or use of tobacco, alcohol, or drugs not prescribed to me. I covenant to speak up about my own needs and to speak to an adult immediately if I feel unsafe or if I witness breaches of covenant.

I understand that when we keep our covenant promises to each other, we co-create with God a safe, life-giving environment in which we are all lifted up. When we break covenant with each other, we break trust and disrupt our ability to operate as a safe and loving community. I understand that should I decide to break this covenant, I may be asked by adult leaders to leave the activity or event. At the discretion of the Minister and/or the adult leaders, I may also be referred to the Minister(s) for pastoral care and may be expected to speak to the Faith Development Committee to discuss my choices before being allowed to participate in future Alkebulan Academy Youth Program activities.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if participant is under 18)

\_\_\_\_\_  
Date

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**ALKEBU-LAN ACADEMY YOUTH PROGRAM**

**GENERAL FIELD TRIP PERMISSION SLIP**

January 01, 2018 – January 01, 2019

I understand that I will be notified of field trips and that my child will be taken from church grounds on these excursions. I understand that transportation may be by foot, church vehicle, and/or private vehicle.

\_\_\_\_\_ has my permission to go on all field trips and to all events with the Alkebu-lan Academy Youth Program of the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church from January 1, 2018 – January 1, 2019, unless I specify otherwise in writing.

In case of accident or emergency, I authorize the Alkebu-lan Academy Youth Program of the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church to seek medical, surgical or hospital attention for my child. It is understood that every attempt will be made to contact me should such action be necessary. I understand that any field trip involves certain dangers, such as transportation, and I hold the Alkebu-lan Academy Youth Program of the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church in Atlanta, Georgia, its National Headquarters in Detroit, Michigan, all its subsidiaries, their personnel, officers, agents, employees, volunteers, staff, adult leaders, and its representatives harmless from any and all claims or liabilities which may arise as a result of such trip whether or not organized by the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church in Atlanta, Georgia.

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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**ALKEBU-LAN ACADEMY YOUTH PROGRAM**

**PHOTO RELEASE**

January 01, 2018 – January 01, 2019

Initial only one:

\_\_\_\_\_ Yes, you can use pictures and videos of my child.

I hereby grant the Alkebu-lan Academy Youth Program of the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church the permission to use my child's likeness in photographs, video, and other media in any and all of its publications and promotional material, including bulletin boards and website entries. I waive any right to ownership, royalties or other compensation arising or related to the use of the photographs or videos.

\_\_\_\_\_ No, do not print or publish photos and videos of my child online or in church-related publications.

**I do not** grant the Alkebu-lan Academy Youth Program of the Shrines of the Black Madonna of the Pan-African Orthodox Christian Church the permission to use my child's likeness in photographs, video, and other media in any and all of its publications and promotional material, including bulletin boards and website entries.

---

Signature of Parent / Legal Guardian

Date



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**Alkebu-lan Academy Youth Program**  
**CAMP BESE SAKA 2018**  
**On Beulah Land Farms**  
**Camp Registration**

**Dates:** June 24, 2018 to July 21, 2018  
**Hours:** 4 week residential camp  
**Course Offerings:** Math, Reading, Black History, Martial Arts, Swimming, Nature classes, Drumming, Drill Team, Faith Development and more!  
**Registration Fee:** \$40.00 per child  
**Cost:** \$400.00 per child  
**Ages:** 6yrs old - 13yrs old

Child's Name: \_\_\_\_\_ Child's African Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Upcoming School Grade: \_\_\_\_\_

Child's Shirt Size-Check One: \_\_\_X-Small \_\_\_Small \_\_\_Medium \_\_\_Large \_\_\_X-Large

Parent/Legal Guardian Name(s): \_\_\_\_\_

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

Primary Contact Phone Number: \_\_\_\_\_

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

**Participant's Interests: Check all that apply.**

Reading     Math     Sewing     Arts and Crafts     Gardening     Photography  
 Drumming     Choir     Jr. Kuumba     Martial Arts     Jr. Chef's     Physical Fitness  
 Acolyte     History     Dance     Computers     Science     Usher Board  
 Bible Study     Sports     Spanish     Faith Development     Drill Team     Other: \_\_\_\_\_

My signature below indicates that I am enrolling my child in the Alkebu-lan Academy Youth Program Camp BESE SAKA 2018 and that I have been advised and understand that **the Alkebu-lan Academy Youth Ministry Program and Camp BESE SAKA is not licensed and is not required to be licensed by the state of Georgia.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

To be completed by Staff

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_

Registration Packet (required for Summer Camp Enrollment) \_\_\_\_\_ Complete    \_\_\_\_\_ Incomplete

## **Alkebu-lan Academy Youth Program Volunteer Opportunities**

- 1. Instructor:** Instruct youth in a variety of courses including, but not limited to, academics, electives, workshops, and/or Faith Development during Summer Camp, and/or the regular Alkebu-lan Academy Program Calendar year.
- 2. Class Assistants:** Assist instructors in the implementation of courses including, but not limited to, student monitoring, co-teaching, errands.
- 3. Transportation:** Assist in transporting youth to and from planned activities such as local outings and field trips. A valid State Driver's License is required. Your driving record is subject for review.
- 4. Meals:** Coordinate and/or prepare meals (Breakfast/Lunch) as needed for the youth throughout the Alkebulan Academy Program Calendar Year.
- 5. Maintenance:** Insure that building facilities are clean and organized, and materials are restocked/or replenished. This includes, but is not limited to classroom and dining hall clean up, set up, and break down. Keep an account of area supplies such as paper, toiletries, cleaning items, etc. and issue notifications to the proper channels when supplies are needed.
- 6. Fundraiser:** Design and implement ideas on fundraising for the Alkebu-lan Academy Youth Program.

7. **Activity Planning:** Implement and coordinate activities for the youth such as outings and field trips.
8. **Recruitment:** Design and implement creative ways to reach out to and minister to the youth in the surrounding community whilst increasing the membership within the Alkebu-lan Academy Youth Program.
9. **Group Facilitator:** Facilitate youth in the church group life experience. This includes instruction in church beliefs, ideology, faith, and history. The group facilitator serves as the valued channel for delivering the mission and vision of the church to the children in order to develop their faith and secure the continuation and growth of the church into perpetuity.
10. **Other:** We are always on the lookout for new ways to help out youth. Include your volunteer talents in your correspondence.

To volunteer please send the following information to [CAMPBESESAKA2018@GMAIL.COM](mailto:CAMPBESESAKA2018@GMAIL.COM) with the subject of your email "Camp BESE SAKA 2018"

Your Name:

Phone Number:

Email Address:

Area in which you would like to serve:

Days and Hours of Availability:

Comments: