

Christ In Youth Discipline, Liability & Medical Release Form Make a copy for yourself and bring the ORIGINAL to registration

Event you will be attending: Know Sweat Missions Trip believe move SuperStart! Discipleship Wilderness Elevate On Purpose Mission Leader Training Trip Please check which one best describes your attendance: Sponsor Student Youth/Children's Minister				
Participant Name			Male	Female
Address				Zip
Participant email	Home Phone	H.S. G	raduation Ye	ear
Church You are Attending with (missions trip n/a)				
City/State Group Leader's Name (missions trip n/a)				
Health Insurance Company		Policy Number		
Known Allergies and Reactions	M	ledications Currently Takir	ıg	
Parents/Legal Guardians Name (with whom you live)				
Emergency Contact Info of Parent/Legal Gu	ıardian:			
Cell Phone	_ Parent(s) email			
Person to notify if parent/legal guardian can	not be reached:			
Name	Relationship		Phone	
I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Christ In Youth Program. The individual identified on this form understands that all participants are expected to abide by the Program rules and be directly responsible to the Christ In Youth Program Director. The Christ In Youth Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.				
Further, I do release and hereby agree to hold blameless Christ In Youth and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Christ In Youth Programs. I also release the lessor/owner of properties on which the Program is held. I agree to pay for any damages or property loss as determined by Christ In Youth or campus officials, including any keys not returned at the time of group check out.				
Further, I do authorize the minister or sponsor of this activity or any Christ In Youth staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.				
Further, I authorize Christ In Youth to use photographs and video footage of the participant for promotional materials.				
Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.				
Signature of Participant Named Above				
(If under 18 parent or legal guardian must s	ign)			
Printed Name of Parent/Legal Guardian			Date	
Signature of the Parent/Legal Guardian				
Several Christian Colleges appreciate receiving the na information about the above named individual NOT be From time to time, Christ In Youth uses the information NOT receive these updates, please check this box.	mes of young people wl passed on to any of the	ho attend Christ In Youth prograr ese colleges, please check this bo	ns. If you prefe	r that the