



Campus Life Registration for 2017/2018 School Year

Student's Name: _____ Birth Date: _____

Grade Level: 6 7 8 9 10 11 12 School: _____

Student Cell: () _____ Student Email: _____

*OK to text? Y / N

Can we follow/contact you on Social Media? (Twitter, Facebook, Instagram, etc.) Y N

Parent/Guardian Name: _____

Parent/Guardian Address: _____

City: _____ Zip: _____ Home Phone: () _____

Parent Cell: () _____ Parent Email: _____

**OK to text? Y / N

I would like to subscribe to the weekly Connection email list. (Leave unmarked if you would prefer not to join the list.)

Emergency Contact and Information

If parents/guardians are not available, you may call the relative or friend below in an emergency:

Name: _____ Phone: () _____

Comments regarding my child's medical history, allergies, penicillin or drug reactions, etc., which may be needed in the case of any emergency treatment:

Consent

I hereby grant premission to Youth for Christ the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Youth for Christ.

Signature Required: _____ Date: ____/____/____

Relationship to Participant (Circle one): Parent / Guardian

* Info about weekly Campus Life, cancellations, and occasional updates regarding events, etc.

** Occasional updates regarding events, Campus Life cancellations, etc



Transportation Release

1. We in the event of an emergency, the undersigned, hereby appoint the following adult leaders of this activity: ANY YFC REPRESENTATIVE, each to act alone, and delegate to each such person the power to consent on my/our behalf to all emergency treatment and/or medical care (except elective surgery) of (child's name) _____ determined to be necessary or desirable by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state/province were the services are rendered, either at a doctor's office or hospital.
2. This Release Form shall continue until revoked by the undersigned, or for 12 months after its date, whichever is earlier.
3. I/We take full responsibility for the behavior conducted by the child listed above and I/We also take full responsibility that the above mentioned child will not be in possession or usage of any tobacco product, illegal substances or any alcohol during the scheduled activity. If the child is in violation they are subject to be removed from the program and any potential expenses involved due to damage are the responsibilities of the legal guardian.
4. I understand that there are risks of physical injury associated with this activity. In addition, I understand that there may be other risks associated with these activities that I might not be presently aware. In consideration of your accepting me or my child for participation in the above bus/van transportation, I hereby wave and release any and all rights and claims for damages that I, my spouse, or my child may have against Youth For Christ and it's affiliates, agents, volunteers, employees, representatives, successors and assigns for any and all injuries and all injuries suffered by me or my child that arises out of the bus/van transportation sponsored by Youth for Christ.
5. The undersigned certify that they have read and that they understand this Release Form. One parent having custody of the child must sign this form. If there are no parents, this form must be signed by the legal guardian.

Signature Required: _____ Date: ____/____/____
 Relationship to Participant (*Circle one*): Parent / Guardian

Social Media

We'd love to connect with you on our Social Media accounts! We post regular updates, including trip and cancellation info, across our social media accounts. Look us up!



You can also find us on the web at www.cmyfc.net