

Wildside Winter Retreat

JOIN OTHER JUNIOR HIGH STUDENTS FOR AN INCREDIBLE OVERNIGHT EVENT

We are attending THE BELIEVE CONFERENCE in Anaheim and will be staying overnight at the Hilton Hotel. The event is designed specifically for Junior High students and is packed with high-energy worship, biblical teaching, interactive art and small group discussion. There will be live music performance, an illusionist and a professional skateboard team!

Check out the Believe website: www.ciy.com/believe
For more information contact Matt Hall: 949.609.8647 or matth@saddleback.com

MEET @ THE REFINERY 4PM FRI JANUARY 29th
RETURN @ 6PM SAT JANUARY 30th

THINGS TO BRING:
money for dinner Fri & lunch Sat
Comfy clothes & overnight toiletries
Bible & Pen

Pre-registration is required, please turn your completed form and money to Saddleback Church
... at the Refinery Information Booth at Weekend Services
... at the Student Ministries Office (MO2 off Saddleback Parkway)
... Mail to: 1 Saddleback Parkway, Lake Forest, CA. 92630. c/o Matt Hall

JAN 29-30, 2010. Wildside Winter Retreat @ the Believe Conference
COST \$99 per student (includes conference admission, accomodation, travel expenses, breakfast & snacks)

Name	Gender: M/F	School:	
Parent(s) name:	Parents Cell Phone:	Parents email:	
Home Address:	City:	Zip:	Home Phone:
Are you in a C-Group? Y/N	C-Group Leader:		
\$99 per student: <input type="checkbox"/> cash, <input type="checkbox"/> check, <input type="checkbox"/> credit card (card type:	card no.	exp:)

Parent Permission

I give my child, _____ permission to take part in Believe 2009. In the event that he or she is injured while participating, I do hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any licensed medical staff member under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is understood that effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. I understand the nature of this event and do hereby release Saddleback Valley Community Church, or any of it's representatives, from any liability for accidents or injury sustained by my child in conjunction with this event.

Signature of Parent / Guardian: _____ Date: _____



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 _____ City _____ State _____ Zip _____

Participant email _____ Home Phone _____ H.S. Graduation Year _____

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 _____ Medications Currently Taking _____

Parents/Legal Guardians Name (with whom you live) _____

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone _____ Parent(s) email _____

Person to notify if parent/legal guardian cannot 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 sign)

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of the Parent/Legal Guardian _____

Several Christian Colleges appreciate receiving the names of young people who attend Christ In Youth programs. If you prefer that the information about the above named individual NOT be passed on to any of these colleges, please check this box.

From time to time, Christ In Youth uses the information above to update parents regarding ministry successes and opportunities. If you prefer to NOT receive these updates, please check this box.