

# Youth Discipleship Walk

## Reservation Form

Your next opportunity: January 17 – 19, 2009

Please type or print neatly!

First and last name (as you prefer it on your name tag): \_\_\_\_\_

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church home: \_\_\_\_\_ Email: \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_ (current sophomores, juniors, seniors, and 2008 graduates may attend)

Age: \_\_\_\_\_ School you currently attend: \_\_\_\_\_

Do you require a special diet or physical accommodation? \_\_\_\_\_ If so, please provide us with information to meet your needs: \_\_\_\_\_

Parent(s) or Guardian(s) (with whom you currently live): \_\_\_\_\_

Parent(s)'s email address: \_\_\_\_\_

Has another member of your family already attended a Discipleship Walk? \_\_\_\_\_

If yes, who? (name & relationship): \_\_\_\_\_

If not, are any planning to attend a Discipleship Walk? \_\_\_\_\_ Who? \_\_\_\_\_

Who, if anyone, encouraged you to attend? \_\_\_\_\_ Phone: \_\_\_\_\_

The total cost for the weekend is \$100.

**EARLY BIRD RATE:** \$90 if we receive your check and registration form by December 17, 2008.

Any application received after 12:01 a.m. December 18<sup>th</sup> will be charged the full rate.

If you are in need of a scholarship, please call the registrar PRIOR to December 17, 2008.

You will receive confirmation of your reservation in early January, 2009 via letter or email.

Your parent or guardian must sign the attached permission form if you are under the age of 18; please return the completed form with your registration.

Fill out both pages of this form **completely**, make your check payable to "Discipleship Walk," and mail both to the Discipleship Walk Registrar:

**Erin Durnell – DW Registrar**

**c/o RCL**

**16162 Carey Rd**

**Westfield IN 46074**

317-698-5885

erin@discipleshipwalk.com

# Youth Discipleship Walk Permission & Medical Release

Effective: 12:01 a.m. January 17 – 11:59 p.m. January 19, 2009

**Student Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

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

**Parent Name(s):** \_\_\_\_\_

In case of emergency, call me at: \_\_\_\_\_ or \_\_\_\_\_

## Medical Concerns:

Allergies (including foods):

*Disciples are asked to remove their watches for the duration of the weekend. If your child needs to take medication at certain times, please have your child follow instructions given by the Discipleship Walk Lay Director, who will arrange to remind your child at the appropriate time.*

My child may be given the following if necessary or requested (please circle):

Tylenol      Pepto Bismol      Benadryl      Other: \_\_\_\_\_

## Liability Release & Medical Consent

We are most appreciative of your trust in us as we undertake to minister to your teen. At the same time we do need to establish an understanding of what will occur in the unlikely event that your teen will need medical care while s/he is away from you. We are requesting that you sign this Release of Liability and Consent for Medical Treatment form:

- I hereby release and hold harmless from liability Crossroads Church and Radiant Christian Life Church, their staff members, volunteer workers, and other employees and/or agents in the event of any injury to my child not resulting from the negligence of any such staff, volunteers, employees and/or agents while my child is engaging in the Discipleship Walk activity.
- I further consent to any hospital or medical care necessary for my child, and such medical care may be approved by the Discipleship Walk Lay Director or Spiritual Director and physicians immediately employed in any medical facility where s/he may be treated, including all emergency treatments which in the judgment of said physicians may be considered necessary or advisable for my child.
- I understand that this is a legally binding release and consent that the church activities are provided in consideration for this signed release and consent.
- I have carefully read this Release of Liability and Consent for Medical Consent form and fully understand its contents. Being aware of said contents I sign of my own free will.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_