

JR. HIGH

MIX

SUMMER CONFERENCE

Information for Parents

1. We'll meet at the church at 7:00am on Sunday, July 28 in the student ministry area (doors 13/14) and travel to Hope College in Holland, MI. Your child should eat breakfast before he/she arrives. Our group will return to the church around 4:30pm on Thursday, August 1.
2. Remember, your child will need money for 4 fast food meals. Food at the conference is included. There will also be merchandise available for purchase.
3. If you need to get a hold of Tyler in case of an emergency, he can be reached at 317.407.2688.
4. You can find more information about Jr. High CIY MIX on their website: www.ciy.com/mix.

Payment and Registration:

The full price of CIY Mix is \$250.

A deposit of \$100 will reserve your students spot. This is a first come, first serve signup.

Registration papers and full payment are due by Sunday, June 30. After June 30, add a \$35 late fee onto your payment.

Three ways to pay:

1. **Cash**
2. **Check (made payable to SOCC)**
3. **Debit/Credit Visit www.socstudents.org**

PACKING LIST:

- Your Bible
- A Notebook
- A Pen or Pencil
- Pajamas
- Toiletries (toothbrush, brush, etc)
- Fan (optional)
- Towels and washcloths
- Flip-flops for the showers

- Bedding for a twin bed
- Clothing for summer and raining weather
- Appropriate bathing suit
- A watch or something to keep time with so that you can always know what time it is!
- Money for 3 fast food meals
- Optional money for souvenirs

Remember, you are attending a Christian function, so bring appropriate clothing and swimsuit. If you question whether or not it's appropriate, ask an adult or play it safe and leave it at home.



Christ In Youth Discipline, Liability & Medical Release Form

Make a copy for yourself and bring the ORIGINAL to registration

Event you will be attending:

SuperStart! Believe MIX Move Engage Wilderness

Please check which one best describes your attendance:

Sponsor Student Youth/Children's Minister

Participant Name _____ L Male L Female Age (if under 18) _____ Grade (yr. in school) _____

Address _____ City _____ State _____ Zip _____

Participant email _____ Home Phone _____ 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 participant or for those under 18 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 required 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 hereby release, forever discharge and agree to hold harmless a) Christ In Youth and its directors, officers, employees, Program Directors, agents and all other persons or entities acting on their behalf (the "Covered Parties") and b) the lessor/owner of properties on which the Programs are held, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant, the undersigned, and/or any member of the participant's family by reason of participating in any activities associated with Christ In Youth Programs whether or not such claims, actions, demands, liability, costs or expenses are caused by the negligence or omission of any of the Covered Parties. It is my intention to, and I do hereby surrender and waive any rights to sue or exercise any legal right to seek damages from the Covered Parties from their failure to use reasonable care in any way.

Further, I do authorize the minister or sponsor of the Program, or any Christ In Youth staff member to take the participant to a doctor or hospital and I hereby authorize medical treatment, including by not limited to emergency surgery or medical treatment, and I hereby assume financial responsibility for all expenses incurred for such treatment and, if necessary, all expenses to return the participant home.

Further, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in this Christ In Youth Program. I hereby release and agree to hold harmless and indemnify the Covered Parties, for any liability and/or expense sustained as the result of negligent, willful or intentional acts of the participant, including damages to the Program facility and/or keys not returned at the time of group checkout. I agree to pay for keys not returned at time of group checkout or damage done to any Program facility or Christ In Youth property by the participant.

For valuable consideration received, I hereby irrevocably grant to Christ In Youth, Inc. the worldwide, royalty-free, right to use the participant's name, voice, likeness, and image in all forms and media, and in all manners for any lawful purposes, commercial or noncommercial. I understand that my participation makes me eligible to receive educational information and updates regarding ministry successes and opportunities.

I acknowledge this agreement is intended to be as broad and inclusive as permitted by the laws of the state of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further agree this agreement will be governed by and construed in accordance with the laws of the State of Missouri without giving effect to the principles of conflict of law and the courts within Missouri will be the only courts of competent jurisdiction. I hereby irrevocably submit to the personal jurisdiction of the courts of Jasper County, Missouri.

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I am aware that by signing this agreement I assume all risks and waive and release certain substantial rights that I may have or possess against Christ In Youth or any of the covered parties.

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 _____



Student Registration Form
Sherwood Oaks Christian Church
2700 E. Rogers Road
Bloomington, IN 47401

Check event:

- CIY Mix
 Holiday World

If you have filled out this form in 2013, you do not need to turn it in. We have one on file for you.

1

Parent/Guardian Contact Information

Name _____ Contact Phone Number _____

2

Student Registration

Name _____ Age _____ Grade _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Email Address _____

Food allergies or restrictions _____

Current Medications _____

If listed medications above, does an adult need to be responsible for the keeping and/or administering of medications?

- Yes No

If yes, please list instructions _____

Medical Insurance Co. _____ Group# _____ Policy/ID# _____

3

Rooming Requests (optional)

Please list up to three friends:

1. _____ 2. _____ 3. _____

4

Parent/Guardian Agreement

I give the participant listed above permission to participate in activities sponsored by Sherwood Oaks Christian Church. I authorize an adult, in whose care the minor has been entrusted, to consent to any X-Ray examination or medical or dental treatment to be rendered to the minor on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the signed shall assume all transportation costs. I give permission for my child to ride in any vehicle designed by the adult in whose care the minor has been entrusted while participating in activities sponsored by Sherwood Oaks Christian Church.

In consideration for the participation in activities sponsored by Sherwood Oaks Christian Church ("Church"), the signed, for myself and my child, hereby release and forever discharge Church and all other persons associated with Church, from any and all actions, causes of action, claims and demands, known or unknown, which I or my child participating in activities sponsored by Church may now have or may have in the future on account of or arising out of any accident, casualty or event which may occur while under the direction of Church ministries or arising out of participating in activities sponsored by Church. I acknowledge that there is no worker's compensation or accident insurance furnished by Church.

This release of liability is binding on the signed, the child of the signed participating in activities sponsored by Church, all persons claiming through the signed or said child, and the heirs and personal representatives of the signed and said child.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Parent/Guardian Signature _____ Date _____