LEL	JEL UP
YOUTH	WEEKEND 2018

HOUSEHOLD LAST NAME:		
PRIMARY EMAIL:		8
CONTACT PHONE:	_ THIS IS: HOME / MOBILE / WORK	
ADDRESS:		
CITY: STAT	'E: ZIPCODE:	
IS SPONSOR AUTHORIZED TO APPROVE M	EDICAL TREATMENT? YES / NO	
IS PARTICIPANT COVERED BY PERSONAL,	/FAMILY MEDICAL INSURANCE? YE:	5 / NO
IF YES, NAME OF INSURER:		
POLICY OR GROUP NUMBER:		
PARENT/GUARDIAN :		
MARITAL STATUS: GE		
CELL PHONE* REI		
PARENT/GUARDIAN :		
MARITAL STATUS: G		
CELL PHONE* REI		
	USED, IF NEEDED, WHEN CONTACTIN	
STUDENT'S NAME :		
D.O.B.: GENDER: M F		M F
AGE: GRADE:	AGE: GRADE:	
ALLERGIES/OTHER INFO:	ALLERGIES/OTHER INFO:	
STUDENT'S NAME :	STUDENT'S NAME :	
D.O.B.:GENDER: M F	D.O.B.: GENDER:	M F
AGE: GRADE:	AGE: GRADE:	
ALLERGIES/OTHER INFO:	ALLERGIES/OTHER INFO:	

IN CONSIDERATION FOR THE OPPORTUNITY TO PARTICIPATE IN YOUTH WEEKEND, THE PARTICIPANT (OR PARENT/GUARDIAN IF PARTICIPANT IS A MINOR) ACKNOWLEDGES AND ACCEPTS THE RISKS OF INJURY ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. THE PARTICIPANT (OR PARENT/GUARDIAN) ACCEPTS PERSONAL FINANCIAL RESPONSIBILITY FOR ANY INJURY SUSTAINED DURING THE ACTIVITY. FURTHER, THE PARTICIPANT (OR PARENT/GUARDIAN) PROMISES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE ACTIVITY SPONSOR OR ITS AGENTS, EMPLOYEES, VOLUNTEERS, OR ANY OTHER REPRESENTATIVES (COLLECTIVELY REFERRED TO HEREINAFTER AS THE "SPONSOR") FOR ANY INJURY RELATED DIRECTLY OR INDIRECTLY OUT OF THE DESCRIBED ACTIVITY, WHETHER SUCH INJURY ARISES OUT OF THE NEGLIGENCE OF THE SPONSOR OR OTHERWISE. CROSWELL WESLEYAN CHURCH HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICALLY IN PROMOTIONAL MATERIALS. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA. I ALSO UNDERSTAND THAT NO ROYALTY, FEE OR OTHER COMPENSATION SHALL BECOME PAYABLE TO ME BY REASON OF SUCH USE.