

# CCIW Biennial Youth Event – Summit 2013

## Y.O.L.O. For God

## You Only Live Once

Grades 6-12

November 22-24, 2013 Lake Williamson ~ Carlinville, IL

**Registration Postmark Deadline is October 31, 2013**

**COMPLETE THE FORM IN ENTIRETY**
**(including the back/2nd page) send them in with original signatures and full payment to the address listed on the bottom of this sheet.**

I am: Jr High ☐ Sr High ☐ Adult Sponsor ☐ Summit Volunteer ☐ Task Force Member ☐

Name: _____ First Name for Badge: _____
First Middle Last

Mailing Address: _____
Street City State Zip

Phone: ( )_____ Email Address: _____

Female____ Male____ Age: _____ Date of Birth: _____ School Grade this Year: _____
month/day/year

If Youth, Give the Name of the Adult(s) responsible for you at Summit :

_____

I'm with the group from _____ Christian Church in _____

Minister's Name: _____ Youth Leader's Name: _____

Meals at Summit: (Please indicate below your meal preference. If allergic to certain foods, what are they?)

General____ Vegetarian____ Allergies____ to: _____

T-Shirt Size: Small____ Medium____ Large____ XL____ XXL____ XXXL____

Registration Fee per Person: $165.00 (postmarked by Oct 31)

Send 1 package of all registration forms, fees (payable to CCIW), and a Group Remittance Sheet to:

**CCIW, 1011 N. Main Street, Bloomington, IL 61701 – Attention: SUMMIT 13**

Any questions please call Connie at the Regional Office 309-828-6293 or e-mail to: connie@cciwdisciples.org

Office Use Only

Date Received_____ Ck Amt_____Ck #_____

## Summit Policies

1. Alcohol and tobacco are forbidden at CCIW Youth Events.
2. Illegal drugs, weapons, fireworks, and other hazardous materials are forbidden.
3. Summit 2013 is a "lock-in" event. NO youth may leave Lake Williamson without an adult sponsor and the knowledge of a Summit Task Force member.
4. Sponsors will be responsible for their youth.
5. Sponsors are expected to attend "Sponsor Orientation."

I understand and accept these policies.

Signature: _____

Name of the Youth Covered by the following information: _____

**FOLLOWING INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN**

Father: _____ Mother: _____
First Name Last Name First Name Last Name

Address: _____ _____

Phone: (_____)_____ (_____)_____
(Telephone # where Parent/Guardian ***can be reached*** during Summit if necessary)

**PARENTAL PERMISSION FOR EMERGENCY MEDIA RELEASE**

I hereby give permission for the CCIW Region to us my child's photo for Regional Media purposes. (flyers, website)

☐ YES ☐ NO Signature_____

**PARENTAL PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I hereby give permission for the event director to obtain emergency medical treatment from the physician of the director's choice.

Parent's Signature: _____ Date: _____

Other Emergency Contact: _____ (_____)_____
Name Phone Number

Medical Information: (Illness, allergies, current medications or problems of current concern)

_____

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