

CCIW Biennial Youth Event – Summit 2017

"Time to Ignite With God"

Ignite…Opportunities to Ignite a Passion for God's Calling

November 17 – 19, 2017 ***Grade 6 - 12*** ***Lake Williamson ~ Carlinville, IL***

Registration Deadline is October 21, 2017 (No Exceptions)

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*** ☐
(prior approval needed)

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 2017:

_____

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*** ___

Early Registration Fee per person $170.00 January 1 – August 5, 2017

Registration Fee per person $180.00 August 6– October 21, 2017

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

CCIW, 401 W Jefferson St, Bloomington, IL 61701-3826 **–** Attention: SUMMIT 17

Any questions please call Peggy at the Regional Office 309-828-6293
or e-mail to: office@cciwdisciples.org with Subject Line Summit 2017

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 2017*** 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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