

DiscipleNOW: March 5-7, 2010

Please complete and return **both forms** with your payment of \$45 by Sunday, February 28.

REGISTRATION FORM

NAME _____

AGE _____ GRADE _____ T-Shirt Size _____

ADDRESS _____

CITY _____ ZIP _____

PHONE (____) _____

MEMBER of CCC? _____ OTHER? _____

TIME AWAY

Reason for being gone _____

I will be gone: Day _____

Time: From _____ To _____

Parent Signature _____

To achieve maximum results from the DISCIPLER NOW! Weekend, you need to be present and involved in the entire weekend. However, if you need to be away for a SHORT PERIOD of time, please fill out the card for approval.

I promise to comply with and obey the rules and/or regulations that may be established for my safety and for the safety of my peers at **DISCIPLER NOW! '10**. If I do not follow these rules, I realize that my parents/guardians may be asked to come and get me or I will be returned home. I also realize that this action will result without a refund!

Student Signature _____

MEDICAL RELEASE FORM

My child _____ has my permission to attend and participate in the **DISCIPLER NOW Weekend, March 5-7, 2010**. This includes transportation to and from all activities during the weekend.

We (parents/guardians) assume complete and full responsibility for any injury that might occur to him/her. In case of accident or illness, the adult in charge, at his/her discretion, has our permission to take my child to the doctor or hospital. We (parents/guardians) understand that we will be liable for all medical costs. We (parents/guardians) will hold the drivers, sponsors, and Calvary Community Church free of any liability or suit due to the event of an accident or fatality or any injury while our child participates in this activity.

If you are unable to reach me in case of emergency, please contact:

Name _____ Relationship _____

Home Phone (____) _____ Business or Cell Phone (____) _____

Allergies or health conditions that should be known in case of accident or illness:

Address _____

City _____ State _____ Zip _____

Home Ph. # (____) _____ Work Ph. # (____) _____ Cell # (____) _____

Signature of Parent or Guardian _____ Date ____/____/____