

Youth Discipleship Walk

Reservation Form

Your next opportunity: January 16 – 18, 2010

Please type or print neatly!

First and last name (as you prefer it on your name tag): _____

Address: _____ City/ST: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Church home: _____ Email: _____

High School Graduation Year: 20____ (current sophomores, juniors, seniors, and 2009 graduates may attend)

Age: _____ School you currently attend: _____

Do you require a special diet or physical accommodation? _____ If so, please provide us with information to meet your needs: _____

Parent(s) or Guardian(s) (with whom you currently live): _____

Parent(s)'s email address: _____

Has another member of your family already attended a Discipleship Walk? _____

If yes, who? (name & relationship): _____

If not, are any planning to attend a Discipleship Walk? _____ Who? _____

Who, if anyone, encouraged you to attend? _____ Phone: _____

The total cost for the weekend is **\$120**.

If you are in need of a scholarship, you must submit a Scholarship Request Form, located at www.discipleshipwalk.com/2010YouthScholarship.pdf, at least 30 days in advance of the Walk.

**We cannot hold your spot until we receive (a) your reservation form, (b) the parent/guardian permission form, and (c) your payment or scholarship application.
Space is limited – so don't wait until the last minute to register!**

You will receive confirmation of your reservation in early January, 2009 via email or USPS.
Questions? Call Kristin Bragg at 317-514-6676.

Fill out both pages of this form **completely**, make your check payable to "Discipleship Walk," and mail both to the Discipleship Walk Registrar:

Discipleship Walk Registrar
c/o RCL
16162 Carey Rd
Westfield IN 46074

Youth Discipleship Walk Permission & Medical Release

Effective: 12:01 a.m. January 16 – 11:59 p.m. January 18, 2010

Student Name: _____

Address: _____ City, State, ZIP: _____

Home Phone: _____ Age: _____

Parent Name(s): _____

In case of emergency, call me at: _____ or _____

Medical Concerns:

Allergies (including foods):

Disciples are asked to remove their watches for the duration of the weekend. If your child needs to take medication at certain times, please have your child follow instructions given by the Discipleship Walk Lay Director, who will arrange to remind your child at the appropriate time.

My child may be given the following if necessary or requested (please circle):

Tylenol Pepto Bismol Benadryl Other: _____

Liability Release & Medical Consent

We are most appreciative of your trust in us as we undertake to minister to your teen. At the same time we do need to establish an understanding of what will occur in the unlikely event that your teen will need medical care while s/he is away from you. We are requesting that you sign this Release of Liability and Consent for Medical Treatment form:

- I hereby release and hold harmless from liability Crossroads Church and Radiant Christian Life Church, their staff members, volunteer workers, and other employees and/or agents in the event of any injury to my child not resulting from the negligence of any such staff, volunteers, employees and/or agents while my child is engaging in the Discipleship Walk activity.
- I further consent to any hospital or medical care necessary for my child, and such medical care may be approved by the Discipleship Walk Lay Director or Spiritual Director and physicians immediately employed in any medical facility where s/he may be treated, including all emergency treatments which in the judgment of said physicians may be considered necessary or advisable for my child.
- I understand that this is a legally binding release and consent that the church activities are provided in consideration for this signed release and consent.
- I have carefully read this Release of Liability and Consent for Medical Consent form and fully understand its contents. Being aware of said contents I sign of my own free will.

Parent's Signature: _____ Date: _____

Health Insurance Company: _____ Policy #: _____