

# REGISTRATION FORM 2012



- \$120 by Feb 5, 2012
- \$130 after Feb 5, 2012

**Group Leader:**  
fill out this portion  
and then copy it  
for your students  
and other leaders



LEADER INFO

**Group Leader** Todd Hvizdak  
**Group / Church** Brunswick Church  
**Address** 42 white church lane  
**City** Troy **State** NY **Zip** 12180  
**Group Phone Number** (518) 279-3792 **Fax** (    )       
**Email** todd@brunswickchurch.org  
**Website** brunswickchurch.org

INDIVIDUAL INFO

## Individual Registration

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** ( \_\_\_\_\_ ) \_\_\_\_\_ **Email** \_\_\_\_\_  
**School** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Parent/Guardian** \_\_\_\_\_  
**Parent/Guardian Email** \_\_\_\_\_

I am a:  Male  Female  
 Student  Adult Leader  Pastor  Youth Pastor  Parent

## Medical Release for Students (Under 18 years old)

I, \_\_\_\_\_, the legal parent/guardian of \_\_\_\_\_, do release Youth for Christ from any and all liability for my child in case of accident or illness and authorize any medical care deemed necessary by an accredited physician, nurse or hospital while traveling to and from and while attending Break Out 2012, March 9-11, 2012 in Saratoga Springs, NY.

## Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

I have special physical/medical needs that may require particular attention (such as special seating) at the conference. My needs are:  
\_\_\_\_\_  
\_\_\_\_\_

## Payment Method

- Check (payable to Brunswick Church)
- Cash

Mail or fax one form for each member in your group to: Youth for Christ • 293 Troy-Schenectady Rd.  
Latham, NY 12110 • Phone 518.783.5332 • Fax 518.783.5094 • Email: info@cdyfc.org  
breakout.cdyfc.org • www.cdyfc.org

★ RECORDING RELEASE: In registering for BreakOut, you give permission to Youth for Christ and its video/audio production staff to use your name, voice, video image and/or photo in future promotional pieces, in broadcasts, and on related Youth for Christ websites.

Event: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL RELEASE/CODE OF CONDUCT

Participants Name \_\_\_\_\_

Parent(s) / Guardian Name(s) \_\_\_\_\_

Telephone Number \_\_\_\_\_

### CODE OF CONDUCT

1. I will not smoke, drink alcoholic beverages, or use illegal substances nor will I have in my possession any of the same during this activity.
2. I will cooperate with the scheduled program of activities.
3. I will show respect to myself and others at all time.
4. I will not engage in any inappropriate public display of affection.
5. I will not engage in any sexual activities.
6. I understand that if I do not adhere to this code of conduct, it may result in a warning, calling home, and or expulsion from the event. I understand this means my parent/guardian will be called and they will be required to provide transportation home for me from the event at that time.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Two other people to call in case of an emergency

Name	Number	Relationship
_____	_____	_____
_____	_____	_____

Please explain any restrictions or limitations affecting participation in the activity.

Be specific \_\_\_\_\_

Any allergies? \_\_\_\_\_ Be specific \_\_\_\_\_

Is any special medication required? If yes, please explain \_\_\_\_\_

**AUTHORIZATION:** Permission is granted for treatment of minor injury or illness. In event of an emergency and I cannot be reached, I hereby give permission for the adult in charge to seek professional medical help and transport my child.

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I have read the above information regarding the medical release and code of conduct and I understand if my child is expelled from the event that I am required to provide transportation home at that time.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_