



Assumption Christian Student Ministries

CIY SuperStart! Conference

3rd-5th Grade

March 5,6 * Bloomington

(note the new dates & location!)



\$55 Registration if paid by Feb. 12

*****If any student brings a friend who is not a regular King's Club or Sunday morning attendee, they will receive a FREE SuperStart! T-Shirt!!!**

*If the cost of registration is an issue or you have questions,
please contact Seth: 827-8672 or seth@assumptioncc.org!*

We want to eliminate any barriers to all students being able to attend.

**SUPERSTART! is one of the largest and best Elementary events in the country!
Includes music with Yancy, a performance and new song by The Lads,
a fun group free-time, and many interactive activities!**

Please Review, Complete, and Return the statement below and attached Medical Release Form

PARENT AND STUDENT RELEASE STATEMENT:

As a parent/legal guardian of the student listed above, I have reviewed the information about the activity/event and give my permission for the subject of this release to be involved in the overall activities.

I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person listed on the form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I/We understand all reasonable safety precautions will be taken at all times by Assumption Christian Church and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Assumption Christian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries, incurred by the subject of this form.

I/We understand and agree that should the behavior of my child be deemed harmful by the representatives of Assumption Christian Church that they will be sent home by whatever means necessary and that cost will be my responsibility.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____



Christ In Youth Discipline, Liability & Medical Release Form

Make a copy for yourself and bring the ORIGINAL to registration

Event you will be attending:

- Know Sweat Missions Trip believe move SuperStart! Discipleship
 Wilderness Elevate On Purpose Mission Leader Training Trip

Please check which one best describes your attendance:

- Sponsor Student Youth/Children's Minister

Participant Name _____ Male Female

Address _____ City _____ State _____ Zip _____

Participant email _____ Home Phone _____ H.S. Graduation Year _____

Church You are Attending with (missions trip n/a) _____

City/State _____ Group Leader's Name (missions trip n/a) _____

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____ Medications Currently Taking _____

Parents/Legal Guardians Name (with whom you live) _____

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone _____ Parent(s) email _____

Person to notify if parent/legal guardian cannot be reached:

Name _____ Relationship _____ Phone _____

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Christ In Youth Program. The individual identified on this form understands that all participants are expected to abide by the Program rules and be directly responsible to the Christ In Youth Program Director. The Christ In Youth Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless Christ In Youth and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Christ In Youth Programs. I also release the lessor/owner of properties on which the Program is held. **I agree to pay for any damages or property loss as determined by Christ In Youth or campus officials, including any keys not returned at the time of group check out.**

Further, I do authorize the minister or sponsor of this activity or any Christ In Youth staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Christ In Youth to use photographs and video footage of the participant for promotional materials.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above _____

(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of the Parent/Legal Guardian _____

Several Christian Colleges appreciate receiving the names of young people who attend Christ In Youth programs. If you prefer that the information about the above named individual NOT be passed on to any of these colleges, please check this box.

From time to time, Christ In Youth uses the information above to update parents regarding ministry successes and opportunities. If you prefer to NOT receive these updates, please check this box.