



# Youth Discipleship Walk

## Reservation Form

Your next opportunity: January 14 – 16, 2017

Please type/print neatly, or we might misspell your name or get your email address wrong. That would be bad.

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

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church home: \_\_\_\_\_ Email\* \_\_\_\_\_

(\*we will email your confirmation letter to you unless you do not have access to an email account.)

High School Graduation Year: 20\_\_\_\_ (current high school students 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: \_\_\_\_\_

(we will send your parent(s) an email with important information for them)

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: \_\_\_\_\_

- Registration Fee: \$100.
- Fully complete this form, attach the \$25 non-refundable deposit check and mail to the address below. **When the Discipleship Walk registrar receives your registration form and your non-refundable deposit of \$25, only then will your spot be reserved.**
- If you need financial assistance, please contact Glory Adepetu 317-412-1180 as soon as possible. **Please note: Depending upon our resources, scholarship requests received less than 30 days in advance of a Walk will be considered, but we cannot guarantee availability of funds.**
- You will receive written confirmation approximately 10 days prior to the Walk weekend. We are sorry: no refunds may be made for cancellations given less than 1 week prior to weekend due to our contract commitments with weekend location.

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

**Discipleship Walk Registrar**  
**c/o Radiant Christian Life**  
**16162 Carey Road**  
**Westfield, IN 46074**

# Youth Discipleship Walk Permission & Medical Release

Effective: 6:00 a.m. January 14 – 6:00 p.m. January 16, 2017

**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 #: \_\_\_\_\_