

YOU BE
READY
TO MOVE

CIY Summer MOVE Conference 2010

June 21 - 26, 2010 | Hope College in Holland, Michigan

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What: MOVE is a 5 day event held all around the world calling high school students to live for the sake of the Gospel. We will focus on the importance of TRUTH, WORSHIP, and COMMUNITY. This summer and this year, over 30,000 students on 5 different continents will follow His lead and MOVE.

MOVE allows students to look for opportunities to serve locally and globally for the sake of the Gospel. Students will look at their high school with the Gospel in mind. MOVE calls students to live differently in their homes for the sake of the Gospel. We allow the Holy Spirit to call all of us to MOVE.

When: Monday, June 21 - Saturday, June 26, 2010

Where: Hope College in Holland, Michigan

Who: Those students going into the ninth grade in 2010 through 2010 graduated seniors.

Cost: A non-refundable deposit of \$80 reserves your spot! The cost, if paid in full on or before May 16th, is \$330.00. Late registration, paid in full after May 16th, is \$390.00.

Meetings: An informational meeting will be held Saturday, March 13th at 7:00 PM in THE UNDERGROUND. The Mandatory Student & Parent Meeting will be held on Saturday, May 15th at 7:00 PM in THE UNDERGROUND.

Questions: Contact Student Ministries at 708-478-7477.





Parkview Christian Church MOVE 2010 Registration

The cost for CIY's 2010 MOVE Summer Conference is \$330 if paid in full by 5/16/2010. If paid in full after 5/16/2010, the cost will be \$390.

Section I

Name: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Email: _____

Grade entering into in the Fall of 2010: _____ School: _____

Campus I attend (Circle one): **Orland Park Campus** **Lockport Campus**

Section II

Small Group Leader: _____ (if applicable)

I'd like to room with: _____ (if possible)

(Rooms are a college dorm facility..... 2-3 per room)

Section III

Participation Agreement

By signing below, the parent/authorized guardian acknowledges and accepts the risks of physical injury associated with the activities sponsored by Student Ministries - Parkview Christian Church. Except for gross negligence on the part of the sponsor, the parent/guardian promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the parent/guardian agrees to resolve the matter through a mutually acceptable arbitration process.

Printed Name of Parent / Guardian _____

Signature of Parent / Guardian _____ Date _____

Primary Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Secondary Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Section V

This form MUST be completely filled out and notarized for the participant's application to be processed.
Notary Publics are on staff at Parkview, but you must make an appointment with them to have it signed and stamped.
Notary Publics are also on staff at your local bank, law office, and courthouse.

Consent for Treatment of a Minor

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment of this minor in the event that such treatment becomes necessary. I grant my permission for treatment in a licensed hospital by a licensed physician and the physician's assistants and designees, including such hospital personnel as the physician may deem necessary. I understand that hospital personnel will make reasonable attempts to contact me before initiating treatment. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. The minor named in this consent form may receive all treatment provided according to generally accepted standards of medical practice with the following limitations (if none, write "NONE"):

My consent is effective for the following time period: from **June 21—26, 2010**

Signature of Parent or Legal Guardian: _____

Parent / Legal Guardian

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Family Doctor

Name: _____ Phone Number: _____

To be completed by a Notary Public:

County of: _____ State of: _____ Country of: _____

On this day of _____ in the year of 2010, before me, the undersigned notary public personally appeared the above named individuals for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

(Notary Public Signature)

(Commission Expiration 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.