



High School Summer Retreat: See the Story

This registration must be signed by a parent or guardian and presented when your student registers. If you have any questions, please contact **Brandon Fields**.

Student Name: _____

Address: _____ City: _____ Zip _____

Phone: _____ School: _____

As the parent/legal guardian of, _____, I give my permission for my son/daughter to participate in the Campus Life/City Life Kentucky Kingdom Trip on Saturday, May 5, 2018. In the event of an emergency where medical treatment is required, I give permission to the Campus Life/City Life/YFC staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately.

In consideration of the minor's participation in the YFC event, I (we) agree to release, indemnify and hold harmless Youth for Christ/Campus Life, its employees and agents, contracted or otherwise, from any liability, diseases, or damages resulting from said participation.

I give permission for any pictures involving my child (name) _____, taken at Campus Life for possible use on the YFC/CL website and/or other promotional publications.

Signed: _____ Date: _____
(Parent or guardian)

During this activity, I can be reached at (**please print clearly**):

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Emergency Contact if I cannot be reached:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Insurance Information

Carrier or Plan Name: _____ Carrier Phone: _____

Group Policy Number: _____ Policy holder ID: _____

*****If you have any questions or concerns please contact your local
Brandon Fields * (317) 410-8098 * bfields@ciyfc.org**