



- Christ Community Church
- Hope Lutheran
- Millbrook Presbyterian
- New Covenant
- Peoples Church
- Redeemer's Church
- Valley Christian Center

(Church Name)

- ___ \$150 (before March 15)
- ___ \$175 (after March 15)
- ___ Add Hoodie (\$25 before March 15)

BREAKAWAY STUDENT REGISTRATION FORM

March 28 - April 1, 2010

Base Camp: Peoples Church
7172 N. Cedar Ave., Fresno, CA 93720
(559) 298-8001 ext. 270

STUDENT RESPONSIBILITIES:

- ◆ Respect one another, all staff and leaders regardless of church affiliation.
- ◆ No offensive or immodest clothing. No sleeveless tops. Shorts must have legs! Flip flops at base camp only. If asked to change, do so!!
- ◆ No boys in girls' quarters, no girls in boys' quarters, no PDA (public/private displays of affection).
- ◆ No possession or use of alcohol, drugs, or tobacco.
- ◆ No students can drive any vehicles including golf carts.
- ◆ Seatbelts must be worn in all vehicles.
- ◆ No fighting, weapons, fireworks, lighters, thermonuclear devices, etc.
- ◆ Participation with the group is expected.
- ◆ Respect other's property.
- ◆ **Students who fail to comply with these expectations will be sent home at their parent's expense.**

Student Name _____
First Middle Last

Age _____ Birthdate ____/____/____ Male Female

School _____ Grade in School _____

T-Shirt Size: S M L XL 2X 3X Hoodie Size (\$25): S M L XL 2X

Address _____

City _____ State _____ Zip _____

Parent Name(s) _____

Home Phone (_____) _____ Cell Phone (_____) _____

Student's and parent's signatures signify that both have read the *Student Responsibilities*, understand the policy and choose to abide by it.

Student Signature

Parent Signature

**STUDENT MINISTRIES
 PERMISSION SLIP
 Good for all events from
 January 2010 through June 2010**

Student Name _____
First Middle Last

Age _____ Birthdate ____/____/____ Male Female Grade in School _____

Address _____

City _____ State _____ Zip _____

Parent Name(s) _____

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

Medical Insurance Co. _____ Policy # _____

Physician _____ Office Phone (_____) _____

1. Does your child have allergies to: food insect bites medications pollens

Please explain: _____

2. Does your child suffer from, or has ever experienced, or is being treated currently for:

asthma diabetes epilepsy / seizure disorder heart trouble physical handicap

3. List medications currently being used: _____

Additional comments:

(Student Name)
 has my permission to attend all youth activities sponsored by Peoples Church (the "Church") during the dates set forth above. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability related to any injury to said child. I have legal custody of the student named above, a minor, and have given my consent for him/her to attend events being organized by the Church. I understand that there are inherent risks involved in any ministry, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I also agree to bring my child home at my own expense should he/she become ill or if deemed necessary by a Church staff member.

YES NO

I give permission to include my child in any videos and/or photographs taken during the course of my child's involvement. YES NO

 Parent/Guardian PRINTED Name

 Parent/Guardian Signature

 Date Signed



7172 N. Cedar Ave. • Fresno, CA 93720
 Office: 559-298-8001 Fax: 559-299-8182