

St. Croix Conf. Youth and Leadership Registration Form

Yes! Sign me up for the: 2016 bus trip to Colorado Youth rally (June 27-July 2)

(I wish to be part of the water rafting activity prior to the rally)

(I wish to take part in the Carbon Valley mission side trip outing)

Yes! I would like to join the: 2016 mission trip to Puerto Rico (July 12-19)

(I am somewhat conversant in the Spanish language)

(You need to return a copy of these registration forms with your group deposit)

Name: _____ M / F
(Please print clearly - full legal name & correct spelling!)

Address: _____

Phone #: _____ E-mail address: _____
(Important - print clearly!)

(Adult leaders need fill out only applicable lines above and below)

Present grade: _____ Home church: _____

Parent / Guardian: _____

Allergies, medical condition, other concerns: _____

My son / daughter has permission to participate in the bus trip to the Int.
Youth rally in Colorado, or Puerto Rico mission trip for 2016

Parent / guardian (signature & email) _____ Date _____

Youth Leader / pastor signature _____ Date _____

_____ \$50 deposit with registration for either trip (balance by May 31)
(Make out the check for participants to: St. Croix youth committee)

Please note - the church leader's signature above indicates sponsorship of the local church for each participant for insurance purposes. Return this form to your leader along with individual deposit payments. Forms & deposits (one check per group) are to be sent to the St. Croix youth committee as early as possible to reserve spots for the bus or plane travel. Reservations on these trips for the most part will be on a "first come" basis.

Personal Statement

“Why I am interested in taking part in the June 2016 bus trip to the Int. Youth rally in Colorado with other teens, or the Caribbean mission trip to Puerto Rico”

(Please return with registration form)

**Letter of Consent for Travel to be
Provided in Case of Medical Emergency**
(may be sent now or with final payment)

I _____ provide my consent for my
NAME OF PARENT

child _____ **to travel with** _____
NAME OF TEEN *(Adult leader / Pastor)*

to _____ **from** _____ **to** _____.
STATE / LOCATION *DATE* *DATE*

I also give permission to _____ to sign for any activity or medical
(Adult Leader / Pastor)
emergency that my child _____ **may need.**
Name of Teen

(List in the space below each teen's medical card insurance information.)

Signed: _____ **Date:** _____
Parent's name & e-mail

Emergency telephone: _____

Address of parent:

Signature of notary: _____

Notary's printed name: _____

DATE

Notary Seal:

(Leaders, keep one copy, send one this way by June 1)