

KNOW SWEAT

A NOPOYO
SUMMER
TRIP
THAT'S
AWESOME

WHAT IS IT?

Know Sweat is a program by CIY (Christ in Youth), attended by hundreds of youth groups each year.

The core of the trip is a service project, which our group will do together. But another really important part is that while we do our work, we allow God to do his work on us.

WHO'S IT FOR?

All NOPOYO middle school and high school kids looking for an awesomely fun-having, totally life-changing, and incredibly friendship-building summer trip.

You definitely, seriously, really don't want to miss this trip. Just ask someone who has been before.

WHEN & WHERE?

June 20th - 24th. We'll release a more detailed schedule soon. For now, keep these days open.

We're going to Tulsa, Oklahoma, and will be staying on campus at Oral Roberts University, with many other church youth groups.

HOW MUCH \$?

\$375, if registered before May 15th.
\$400, if registered after.

To register, fill out the forms in this packet, turn them in with the initial registration fee of \$100, and your spot is secured!

June 6th is the absolute registration deadline! We can't accept new registrations after June 6th!



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 Engage believe move SuperStart! Wilderness
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 participant or for those under 18 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 required 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 hereby release, forever discharge and agree to hold harmless a) Christ In Youth and its directors, officers, employees, Program Directors, agents and all other persons or entities acting on their behalf (the "Covered Parties") and b) the lessor/owner of properties on which the Programs are held, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant, the undersigned, and/or any member of the participant's family by reason of participating in any activities associated with Christ In Youth Programs whether or not such claims, actions, demands, liability, costs or expenses are caused by the negligence or omission of any of the Covered Parties. It is my intention to, and I do hereby surrender and waive any rights to sue or exercise any legal right to seek damages from the Covered Parties from their failure to use reasonable care in any way.

Further, I do authorize the minister or sponsor of the Program, or any Christ In Youth staff member to take the participant to a doctor or hospital and I hereby authorize medical treatment, including by not limited to emergency surgery or medical treatment, and I hereby assume financial responsibility for all expenses incurred for such treatment and, if necessary, all expenses to return the participant home.

Further, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in this Christ In Youth Program. I hereby release and agree to hold harmless and indemnify the Covered Parties, for any liability and/or expense sustained as the result of negligent, willful or intentional acts of the participant, including damages to the Program facility and/or keys not returned at the time of group checkout. I agree to pay for keys not returned at time of group checkout or damage done to any Program facility or Christ In Youth property by the participant.

For valuable consideration received, I hereby irrevocably grant to Christ In Youth, Inc. the worldwide, royalty-free, right to use the participant's name, voice, likeness, and image in all forms and media, and in all manners for any lawful purposes, commercial or noncommercial.

I acknowledge this agreement is intended to be as broad and inclusive as permitted by the laws of the state of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further agree this agreement will be governed by and construed in accordance with the laws of the State of Missouri without giving effect to the principles of conflict of law and the courts within Missouri will be the only courts of competent jurisdiction. I hereby irrevocably submit to the personal jurisdiction of the courts of Jasper County, Missouri.

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I am aware that by signing this agreement I assume all risks and waive and release certain substantial rights that I may have or possess against Christ In Youth or any of the covered parties.

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 _____

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.

North Point Christian Church - Trip/Event Sign-up and Authorization Form

I, _____, the undersigned parent or legal guardian of _____, hereby consent to his or her full participation in the activities and trips of North Point Christian Church. I understand that accidents do happen, and hereby generally release North Point Christian Church and its minister, youth leaders, and other employees, agents, and representatives from any liability or other legal or financial responsibility for any accidental injury to the above-named child while he or she is under the supervision of such person(s).

In the event of any such accident or other situation in which the above-named child may require emergency medical or dental care, I hereby authorize any minister, youth leader, or other employee, agent, or representative of North Point Christian Church, in my absence, to seek out and consent to any necessary medical or dental care for the above-named child; and further authorize any physician, dentist, other medical personnel, or medical or health care facility to rely on such consent and perform any necessary medical or dental care, including, without limitation, x-ray and other diagnostic procedures, administration of anesthetics or medication, and surgery; and hereby ratify and confirm whatever consent to medical or dental care that may be given hereunder.

Parent and primary emergency contact information:

↑ Name (first, last)	↑ Email (for important info updates)	↑ Cell (or home) #	↑ Work #
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Alternative persons (other than parent listed above) to try to contact in case of an emergency:

	Name (first, last) ↓	Relation to child ↓	Cell (or home) # ↓	Work # ↓
1				
2				
3				

The child's physician:

↑ Physician's name	↑ Physician's Phone #
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Information regarding medical insurance covering the child is as follows:

↑ Insurance Company	↑ Name of primary beneficiary	↑ Contract #
↑ Name of employer (if applicable)	↑ Group (if applicable)	↑ Phone #

Information regarding the child's health:

↑ Date of birth	↑ Last tetanus shot	↑ Blood type
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Current medication(s):

Drug allergies:

Other allergies:

Recent illness, surgery, or other medical conditions or problems, or other medical information:

x

↑ Signature of Parent or Guardian

↑ Date