



Christian Church in Ohio

DISCIPLES OF CHRIST

*A covenant network of congregations in mission:
We are the Body of Christ gifted and called in covenant together as Disciples of Christ
to be centers of transformation on the new mission frontier of our own communities*



Senior Leadership Training October 13 & 14, 2018

Karl Road Christian Church, 5400 Karl Rd, Columbus, OH 43229

*For all youth currently in the 12th grade who are planning on attending
one of the 2019 Summer CYF Conferences.*

Please print all information except where a signature is required.

THIS IS A FREE EVENT, BUT YOU MUST STILL RSVP AND COMPLETE THIS FORM

NAME _____ Sex: M F
Last First

ADDRESS _____ GRADE _____
MUST be in grade 12

CITY _____ STATE _____ ZIP _____ - _____

HOME PHONE: (_____) _____ EMERGENCY PHONE: (_____) _____

EMAIL _____ DOB _____

YOUR CHURCH _____ CITY _____

Which Summer CYF Conference do you plan on attending? *If you really are unsure as of right now, it's OK.*

_____ Week #1 _____ Week #2 _____ Week #3 _____ Undecided/Unsure

EXPECTATIONS:

1. Stay at Karl Road Christian Church from Saturday Morning – Sunday Afternoon
2. Attend all sessions
3. No visitors, no commuting and no late arrivals
4. NO ALCOHOL, ILLEGAL DRUGS, WEAPONS
5. Observe quiet times
6. We are a Christian group and shall live by Christian standards.
7. NO SMOKING.
8. EXPECTATIONS for adults are the same as for young people.
9. CYF'ers who drive are required to turn their automobile keys in upon registration. This is to assure the protection of the vehicle while at Senior Leadership Training.
10. Have a good time and grow in your faith.

I agree to follow these expectations as a participant in the CYF Senior Leadership Training:

(Signature of participant)

(Signature of parent or guardian)

Return this form to: Camp Christian, 10335 Maple Dell Rd, Marysville, OH 43040.

You can also scan and email it to ccio@ccinoh.org.

Questions? Email Senior Leadership Training Leader Daun Seitz at daunseitz@gmail.com.

FILL OUT THE HEALTH FORM ON REVERSE SIDE FOR ALL YOUTH BEFORE MAILING

PARENT/GUARDIAN CONSENT FORM

State law requires your consent for medical treatment and procedures as deemed necessary in case of an emergency. Please read the form carefully and fill it in completely. Ask about anything that you do not understand.

I, _____ do hereby authorize emergency treatment by a qualified physician or dentist for my daughter/son _____ if needed during the **CYF Senior Leadership Training at Karl Road Christian Church October 13 & 14, 2018.**

Our family physician is Dr. _____

Address _____ Phone (_____) _____

Our family dentist is Dr. _____

Address _____ Phone (_____) _____

- I acknowledge that in case of an emergency during this period, my son/daughter will be taken to the nearest hospital. _____ **Initial Here**

Dietary Needs _____

Allergies _____

Medication now being taken _____

Anything else we should know about _____

Last Tetanus Toxoid (If known) _____

MEDICAL INSURANCE INFORMATION

NOTE: Medical Insurance is not required to attend this event.

Group Insurance Name _____

Subscriber _____

Group No. _____ Cert./Policy No. _____

Prescription Plan _____

_____ By checking this line, permission is NOT given to the Christian Church in Ohio to use the above youth in any video recordings or photos for Camp Promotional material either printed or web based.

All the information I have provided is accurate.

Parent or Legal Guardian's Signature