



Name	YFC Chapter	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Home Address	City	Postal Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 33%;" type="text"/> <input style="width: 33%;" type="text"/>
Phone Number	E-Mail Address	
<input style="width: 33%;" type="text"/> <input style="width: 33%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Allergies/Medical Concerns	Emergency Contact Name	
<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%;" type="text"/>	
	Emergency Contact Number	
	<input style="width: 33%;" type="text"/> <input style="width: 33%;" type="text"/>	

Transportation Information

Air Bus Train Driving

Arrival - Flight/Bus/Train Number

Departure - Flight/Bus/Train Number

Hosting Required?

Before After Both No Hosting Required

Arrival Date and Time

Departure Date and Time

Waiver Form

RELEASE OF LIABILITY * I acknowledge that there are certain risks involved in said activities. I release CFC Youth for Christ, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for me, and to I further agree to indemnify and hold harmless CFC Youth for Christ arising from my participation in activities or as a result of my injury or illness during such activities. I have read the Waiver Form and I am fully aware of its contents.

Name of Participant

Name of Parent/Guardian

Signature of Parent/Guardian

REGISTRATION FEE: \$195
SIBLING DISCOUNT: \$185
 (FOR 2ND, 3RD SIBLING OR MORE)

Registration Committee: Cesar & Beth Reyes
Phone: 780-478-6159 (after 6pm MST)
Email: registerconf2011@gmail.com