

Expectations for Winter Blitz 2010

I understand that I am expected:

- to respect the leadership of CCSM, including the volunteer staff.
(i.e. when they ask me to do something or not do something)
- to be where I am supposed to be when I'm supposed to be there
(i.e. Lodge, church, campfire etc.)
- NOT to bring, use, sell &/or distribute ANY alcohol, tobacco or drugs
(prescriptions are to be kept by CCSM staff)
- NOT to bring, purchase, &/or use any weapons
- NOT to physically harm anyone
- NOT to engage in any romantic physical contact with anyone.
(This is not a weekend to make out)

I _____ have read & fully understand these expectations & understand that these expectations are in place for **my safety** & for **my greatest** enjoyment of Winter Blitz. I understand that if I choose to disregard these expectations **I am choosing to be sent home** without refund or recompense. I understand that if I do not meet these expectations as judged by the CCSM staff I will be sent home.

Signature of Student

Date

For Parents

I _____ have read and fully understand these expectations. I understand that if my child chooses not to meet the expectations I will be called to come and pick up my child at my own expense.

Signature of Parent/Guardian

Date

T-shirt

Long sleeve T-shirts & Hoodies will be available at Winter Blitz for \$15 & \$25. This is not included in the registration fee.

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WINTER BLITZ 2010
JANUARY 29-31, 2010

WEST HALL
KY FAIR & EXPO
LOUISVILLE KY

Justin Lookadoo

Bean & Bailey

Jeff Civillico

Joe Castillo

Addison Road

Nineball

KAC event
Kentucky Annual Conference Event
MINISTRY WITH YOUNG PEOPLE

Who: YOU & your friends from 6th through 12th grade!

What: Winter Blitz is a Kentucky wide United Methodist Youth Conference, including music, drama, comedy, and a very talented speaker. We stay in a hotel with a pool and even go out to Applebees for dinner (included in registration fee) on Saturday! 2000 students from all over Kentucky will be there.

When: Jan. 29-31. 2010

Meet @ CUMC @ 5:00pm Friday January 29th. We will be back to CUMC @ 3:00pm Sunday January 31st.

Where: Kentucky Fair and Expo Center

Why: to have fun and be challenged as a person.

How Much?: \$125

** All will need some cash for a fast food dinner on the way there! \$5 will be returned out of the registration fee for a fast food dinner on the way back

****DON'T EVER LET MONEY BE AN ISSUE****

If you want to go, we'll get you there! Scholarships are available. See Will for more info. Don't wait until the registration deadline!

What to bring:

Yourself - Toiletries - Enough clothes for the weekend (be sure to check the weather, we will be outside) - A swimsuit is optional (girls must bring a 1 piece). Be sure to fit everything into 1 bag.

What not to bring:

Ipods - Hand held video games - an attitude

REGISTRATION.DEADLINE:

Jan.17.2010

(\$10.LATE.FEE.AFTER.1.17.2010)

Individual Medical/Liability Release Form for Winter Blitz, Jan 29-31 2010

Christ UMC, 1440 Boone Aire Rd., Florence, KY 41042

Student: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Phone #: (home): _____ (cell): _____

Health Insurance Information

If you have health insurance, your carrier will be billed for medical charges in the case of an accident while your child is participating in this CUMC sponsored activity.

Do you have health insurance?: yes no if yes please provide info, otherwise skip to Medical History

Insurance company: _____

Policy #: _____ Group#: _____

Name of policy holder: _____ SSN: _____

If this is employment related insurance, please list employer: _____

Medical History

Family Doctor: _____ Phone #: _____

Date of last tetanus shot: _____

Medication Allergies? _____

Pre-existing conditions? _____

(i.e. asthma, diabetes, heart condition, hay fever, severe allergies to insect sting or types of food)

Medications and/or supplies necessary for proper treatment of above conditions, including dosage: _____

If the subject of this form should require medication or other medical attention for pre-existing medical conditions, please provide a student ministry volunteer staff member with the necessary information to give proper care to the individual during the time of the church sponsored activity.

Medical and Liability Release Statement

** I understand that in the event that medical intervention is necessary for the subject of this form, every attempt will be made to contact the individual designated as the "Parent/Guardian." In the event that person cannot be reached in an emergency during the church sponsored activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand all reasonable safety precautions will be taken at all times by Christ UMC and its agents during the events and activities sponsored by the same.

** I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Christ UMC, their leaders, employees, and/or volunteer staff liable for damage, losses, diseases or injuries by/to the subject of this form.

Full name of subject of form, please print: _____

Signature of parent/guardian, or subject if 18 years of age or older: _____

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