

# Where U At? 2010

Please detach and send this registration form to  
Where U At? • Box 7259 • Grand Rapids, MI 49510  
PLEASE TYPE OR PRINT CLEARLY

OFFICE USE ONLY
Date: _____
Reg. #: _____
Check #: _____

## ELIGIBILITY REQUIREMENTS:

1. Youth Participants must be 14-19 years old
2. Everyone must sign up as a group. You must bring one leader for every 5 students. Churches should send at least one person of each gender to serve as their small group leaders. Leaders will be housed by gender with the youth.
3. Leaders must be out of high school or 20 years old or older.

## REGISTRATION FEES and DATES:

To register please fill out this form and mail it to Youth Unlimited.

1. Registration opens on January 1, 2010
2. Registration Fee – \$75
3. Registration form due date – April 4, 2010

THIS REGISTRATION IS FOR:  Youth  Adult

## PERSONAL INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone # \_\_\_\_\_ E-mail \_\_\_\_\_  
Sex:  M  F Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_ First name as you would like it to appear on name badge \_\_\_\_\_  
Church Name \_\_\_\_\_ Church Address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

## EMERGENCY CONTACT FOR April 23-25, 2010

Name \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_  
Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

## INSURANCE/MEDICAL

Do you presently have health insurance  Y  N If yes, please attach a copy of your insurance card.

Please describe any pre-existing conditions you may have \_\_\_\_\_

Please list any food or drug allergies you may have \_\_\_\_\_

Please list any medications you take regularly \_\_\_\_\_

TURN PAGE OVER FOR MORE  
IMPORTANT INFORMATION

REGISTRATION

# Where U At?

YOUTH APPLICANTS ONLY

School Name \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_

## AUTHORIZATION/RELEASE

In consideration of being allowed to participate in this event sponsored by Youth Unlimited and its partners and in consideration of the benefits to be derived there from, I hereby release Youth Unlimited and its partners and its present and former officers, directors, and employees and their heirs, administrators, executors, successors and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation in the event.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to medical treatment as deemed necessary. I expect my emergency contact will be contacted as soon as possible.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damage, arising out of my participation in the event. I understand that this release applies to, covers and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses or liabilities and the consequences thereof, which result from the matters herein before inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, provincial or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles.

## ALL YOUTH REGISTRANTS AND PARENTS/GUARDIANS

I certify that all information in this application is correct. I have read, understood and agreed to all the provisions of the liability waiver and release. I promise to participate fully in this event, have read the event rules and agree to abide by them. I also give permission for my child to be photographed for use in Youth Unlimited/Where U At? promotional materials including, but not limited to, printed brochures and web site photos/promotion. My child's image will not be used for any other purpose than the promotion of Youth Unlimited/Where U At?.

\_\_\_\_\_  
Signature of Youth Participant

\_\_\_\_\_  
Signature of Parent/Guardian

## ALL ADULTS I approve a police check to be done by Where U At?

I certify that all information in this application is correct. I have read, understood and agreed to all the provisions of the liability waiver and release. I understand that by participating in this event, I am establishing myself as a role model for the youth who attend. I promise to participate fully in this event, obey the event rules. Further I will assist event leadership by encouraging like conduct among the youth. I also give my permission to be photographed for use in Youth Unlimited/Where U At? promotional materials including, but not limited to, printed brochures and website photos/promotion. My image will not be used for any other purpose than the promotion of Youth Unlimited/Where U At?. I do hereby certify that I promise to abide by the rules and regulations set forth therein. I also certify that all information in this two-page application is correct and that I have read, understood and agreed to all of the provisions of the Liability Waiver/Authorization/Release as stated.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

I certify that this adult is capable of leading a small group of youth and will represent our church as a superior Christian role model for the youth on the Where U At?. I also certify that this adult, to my knowledge, has strong moral character and has no criminal record related to violence or abuse of any kind.

\_\_\_\_\_  
Signature of Pastor

\_\_\_\_\_  
Date

## CREDIT CARD INFORMATION

Credit Card Number

/ /

\$

USD

Expiration Date (mm/dd/yy)

Authorized amount to charge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name as shown on credit card

REGISTRATION