



move

high school
summer camp

august 2-7 | 2010

move is the premier 6-day high school only event. don't miss it!

- a 6-day high school only event. registration ends July 15, 2010 unless it sells out earlier. IF registration is available after July 15th, a late fee will be assessed.
- truth. fresh, engaging, energizing biblical messages.
- how do you worship God? you'll connect this week through song, art, film, and service.
- hours of free time every day for you to chase a frisbee, win a dodge ball tournament, get a latte, take a hike, or take a nap. you choose...
- end the experience with an action-packed day at the beautiful oregon coast!



This form and the "Christ in Youth Discipline, Liability & Medical Release Form" must be completed and returned with your payment. To pay online, please visit www.sunsetpres.org/go/move.

Student Name _____ Gender: M F (circle one)

Entering Grade _____ in September 2010 High School: _____

Student email: _____ Student cell phone: _____

Parent contact: _____

Parent email: _____ Parent cell phone: _____

Are you in a small group? _____ If yes, who is your leader? _____

Did a friend invite you? _____ If yes, who? _____

Are you bringing a friend? _____ If yes, who? _____

Who would you like to room with? **

1. _____ 2. _____

3. _____ 4. _____

** We make every effort to accommodate your roommate preferences, but cannot guarantee them...

Payment Options:

- I have paid in full the amount of \$369 via Sunset's secure online payment option to guarantee my spot at MOVE!
If I cancel, I understand that \$150 is non-refundable.
- I have paid in full the amount of \$369 via attached cash or check payable to Sunset Presbyterian Church to guarantee my spot!
If I cancel, I understand that \$150 is non-refundable.

NOTE: A limited number of partial scholarships are available for MOVE. Students may also earn a portion of the funds for camp through the Sunset Youth Bucks program. For more information, please contact Lorraine at lorraineprather@sunsetpres.org, or 503.292.9293.



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 Missions Trip believe move SuperStart! Discipleship
 Wilderness Elevate On Purpose Mission Leader Training Trip

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) SUNSET PRESBYTERIAN CHURCH
City/State PORTLAND, OR **Group Leader's Name (missions trip n/a)** MIKE GIERING
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 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 expected 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 do release and hereby agree to hold blameless Christ In Youth and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Christ In Youth Programs. I also release the lessor/owner of properties on which the Program is held. **I agree to pay for any damages or property loss as determined by Christ In Youth or campus officials, including any keys not returned at the time of group check out.**

Further, I do authorize the minister or sponsor of this activity or any Christ In Youth staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Christ In Youth to use photographs and video footage of the participant for promotional materials.
 Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

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 _____

Several Christian Colleges appreciate receiving the names of young people who attend Christ In Youth programs. If you prefer that the information about the above named individual NOT be passed on to any of these colleges, please check this box.
 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.