



**CCIW Biennial Youth Event – Summit 2015**  
**“God Is Not Dead”**  
**Youth Awakening...Including God In Every Part Of Your Daily Life**  
 Grades 6-12

November 20-22, 2015

Lake Williamson ~ Carlinville, IL

**Registration Deadline is October 26, 2015 (No Exceptions)**

**COMPLETE THE FORM IN ENTIRETY**

(including the back/2<sup>nd</sup> page) send them in with original signatures and full payment to the address listed on the bottom of this sheet.

I am: Jr High  Sr High  Adult Sponsor  Summit Volunteer  Task Force Member   
 (prior approval needed)

Name: \_\_\_\_\_ First Name for Badge: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Female \_\_\_ Male \_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Grade this Year: \_\_\_\_\_  
month/day/year

If Youth, Give the Name of the Adult(s) responsible for you at Summit :

I'm with the group from \_\_\_\_\_ Christian Church in \_\_\_\_\_

Minister's Name: \_\_\_\_\_ Youth Leader's Name: \_\_\_\_\_

Meals at Summit: (Please indicate below your meal preference. If allergic to certain foods, what are they?)

General \_\_\_ Vegetarian \_\_\_ Allergies \_\_\_ to: \_\_\_\_\_

T-Shirt Size: Small \_\_\_ Medium \_\_\_ Large \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

**Early Registration Fee per person \$170.00 January 1 – August 1, 2015**

**Registration Fee per person \$180.00 August 2 – October 26, 2015**

**Send 1 package of all registration forms, fees (payable to CCIW), and a Group Remittance Sheet to:**

**CCIW, 1011 N. Main Street, Bloomington, IL 61701 – Attention: SUMMIT 15**

**Any questions please call Terri at the Regional Office 309-828-6293 or e-mail to: [terri@cciwdisciples.org](mailto:terri@cciwdisciples.org)**

Office Use Only

Date Received \_\_\_\_\_ Ck Amt \_\_\_\_\_ Ck # \_\_\_\_\_

**Summit Policies**

1. Alcohol and tobacco are forbidden at CCIW Youth Events.
2. Illegal drugs, weapons, fireworks, and other hazardous materials are forbidden.
3. Summit 2015 is a "lock-in" event. NO youth may leave Lake Williamson without an adult sponsor and the knowledge of a Summit Task Force member.
4. Sponsors will be responsible for their youth.
5. Sponsors are expected to attend "Sponsor Orientation."

I understand and accept these policies.

Signature: \_\_\_\_\_

Name of the Youth Covered by the following information: \_\_\_\_\_

**FOLLOWING INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

First Name      Last Name                      First Name                      Last Name

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

(Telephone # where Parent/Guardian *can be reached* during Summit if necessary)

**PARENTAL PERMISSION FOR EMERGENCY MEDIA RELEASE**

I hereby give permission for the CCIW Region to use my child's photo for Regional Media purposes. (flyers, website)

YES       NO      Signature \_\_\_\_\_

**PARENTAL PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I hereby give permission for the event director to obtain emergency medical treatment from the physician of the director's choice.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name    Phone Number

Medical Information: (Illness, allergies, current medications or problems of current concern)

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\_\_\_\_\_