

What to Know...

>> **THIS REGISTRATION FORM AND OUSTANDING FUNDS ARE DUE BY MAY 23th, 2011.**

>> The van(s) will be leaving from the church parking lot at **7am SHARP** on **Friday, May 27th** so be there at 6:45.

>> We will be going to West Edmonton Mall Friday afternoon. **Your cost includes a free pass** to either the **Waterpark** or **GalaxyLand**, but only if you confirm it beforehand. Or you can shop till you drop. Your call.

>> We will have you back between **midnight and 1am** on Monday, May 30th., but we will call all parents from Lloydminster on the return trip to give a clearer indication of return time. **This means we leave the last concert a little bit early. Deal with it.**

>> A breakfast of juice, muffins and fruit will be provided Saturday and Sunday morning.

What to Bring...

>> **Money for Food** (6 meals plus snacks), **Shopping**, and **Fun/Souvenirs**.

>> Sleeping bag and pillow, clothes, swimstuff (no skiminess or speedos...eww. Ladies, just be sure it's appropriate.)

>> **PACK LIGHT!!** We have limited space in the vans. It's only two days, and that cute boy or girl won't remember who you are when you add them on faceBook anyway. You don't need your entire closet, or 12 different Axe Sprays.

Questions?...

Track down **Stephen** after youth on Thursday, or church on Sunday and ask me, or have your parents call me, or you call me/email me. Phone: w-931.4949 h-683-9823 c-291.5533 Email: stephen@cornerstone-church.ca

OFFICE USE ONLY: PAYED: CASH: CHEQUE: CHEQUE #: _____

YC ALBERTA 2010 – May 27-29, 2011 // PERSONAL & MEDICAL INFORMATION FORM

Name of Group: Cornerstone Student Ministry (cheques payable to Cornerstone Church)

Cornerstone Church, 315 Lenore Drive, Saskatoon, SK, S7K 7Z5

Cost of event: **\$100.00** for travel and accommodation (**breakfasts are included, not lunches or suppers**)

Retreater Name: _____ Grade: _____ Email: _____

Address: _____ Home Phone: _____ Student Cell: _____

SWIM, RIDE, GOLF or SHOP?: Waterpark GalaxyLand Golf Shop

1. Is he/she suffering from illness or physical handicaps? If so, what? Yes No
(eg. Allergies, bronchitis, epilepsy, etc.)

2. Is he/she on any medication or treatments? If so, what?

Any additional information that should be known?

OPTIONAL IF 18yrs OR OLDER:

Mother's name: _____ Father's name: _____

Mother's address: _____ Father's Address: _____ or Same

Mother's occupation: _____ Father's occupation: _____

Mother's phone: _____ Father's phone: _____

Mother's email: _____ Father's email: _____

Are there any custody arrangements we need to be aware of?

Medical insurance number: _____ Birthdate: _____ (mm/dd/yyyy)

Doctor's name: _____ Doctor's phone number: _____

Alternate emergency contact if parents not available:

Name: _____ Phone: _____

You have permission for my child to receive any emergency treatment necessary. I further release and forever discharge the above organization, its representatives and leaders from any claim, debt, charge or damages arising, or which may in future arise over the operation of any activity and for transportation to and from the activity.

Date: _____

(Signature of parent/guardian if under the age of 18)