

EOY Registration

Church Name: _____

Primary Adult Leader: _____ E-mail _____

Mailing Address: _____ Ph. # _____

City: _____ Zip _____

Adult Leaders

Male: _____ Female: _____

I (We) understand that as the adult leader for the group attending Mt. Cross I (we) am responsible for providing direct supervision while transporting youth to and from Mt. Cross and while at Mt. Cross. I (we) know that I (we) will be staying in dorm style housing and responsible for nighttime supervision and maintaining program curfew. I (we) am also responsible for and competent to handle any medical needs that may arise in which a youth needs medical attention or medicine prescribed by a medical doctor. I (we) will review and have completed Medical Release and Acknowledgment of Risk forms with me (us) at all times and, if necessary, will be the primary transportation for any medical treatment.

Signature _____ Signature _____

Youth/Leader Names Mailing Address City, Zip	Grade (youth only)	Birthdate (youth only)	Male/ Female (Circle)
1.			M F
2.			M F
3.			M F
4.			M F
5.			M F
6.			M F
7.			M F

Publicity Release

I give permission for any images, likenesses, or quotes taken of my child/client to be used for Mt. Cross publicity purposes including but not limited to newsletters, brochures, website, and videos.

Primary Adult Leader Signature _____

Deposit of \$25 per participant is required with registration.