



ASP Registration 2019

June 15-23, 2019

Cost: \$450

Family Information

Parent/Guardian 1 and Phone # _____

Parent/Guardian 2 and Phone # _____

Home Address _____

Secondary Address _____

Email(s) _____

Family Emergency Contact Person _____

Phone #(s) for Emergency Contact Person _____

Medical and Media Release

I give my child permission to attend and be transported to and from the ASP Mission Trip June 15-23, 2019. I understand that he/she must abide by the Covenant of conduct, and if that Covenant is broken, in any way, I may be asked to pick up my son/daughter. I understand that in case of emergency, every effort will be made to contact parents, or guardian, or the emergency name listed above. If all are unreachable, I give my permission to the physician selected by Christ the King staff/leaders to provide ANY medical treatment deemed necessary by said physician. I hereby release CtK and it's trip organizers, officers, directors, agents, employees, volunteers and affiliated organizations from and against any and all liability arising out of, or in any way connected with my child's participation in this CtK event.

By checking this line, I hereby give permission for my child, while attending CtK events, he/she may be photographed or video taped, and my child's image and voice may be used at a later date for newsletters or church-related marketing, including our website and social media accounts. If you have any questions, please contact the staff.

Parent/Guardian _____ Date _____

Participant Information

Participant Name _____ Sex _____ Birthdate _____

Participant Grade: 9th 10th 11th 12th Adult

Phone#(s) _____ Email _____

Name of school _____ City _____

Is the participant on social media? Facebook Twitter Instagram

Allergies and Pertinent Health Information Please include any and all necessary information regarding your child's health including but not limited to allergies, medications, special needs, behavioral issues, etc.

Participant's Physician Clinic _____ Phone _____

Health Ins. Carrier _____ Group # _____ Member # _____

Participant Covenant

In everything we do as a group from Christ the King, we have responsibilities. As the youth of CtK, we represent our families, our church, and MOST IMPORTANTLY, our Lord.

1. I will respect the property of all facilities and the personal property of others.
2. I will not use or possess drugs, alcohol, tobacco products, firearms or weapons of any kind.
3. I will respect the rights of all members of our group; I will not harm anyone, physically, verbally, or in any other way.
4. I will respect and follow the requests of all adults and leaders.

I agree to abide by this covenant. I understand if I choose not to abide by the covenant, disciplinary action will be taken, which may include sending me home.

Participant's Signature _____ Date _____

****Need based scholarships are available upon request. Please talk to Pastor John or Pete Erickson.**

If you have questions regarding your registration information or about Children, Youth, & Family Ministry at CtK, please visit lifeatctk.org/cyf or contact Pete Erickson, pete@lifeatctk.org, or Pastor John, johnschwehn@lifeatctk.org.