



\$90 Registration

Atlanta | March 15-16

## BRING A FRIEND FOR 50% OFF!!!!\*

Register by Feb. 10<sup>th</sup> and your friend can register for 50% off. The \$50 non-refundable deposit and all forms must be submitted for Registration. All registrations after Feb. 10<sup>th</sup> will be \$110.

*\*50% off friend registration is for students that have not and do not attend MCC/Student Impact; friends must register with \$45.00 deposit by Feb. 10<sup>th</sup> to receive discount.*

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### Arrival and Departure Times |

- We will leave from the church office parking lot on **Mar. 15 @ 4:15 pm** & return on **March 16 @ 9:30 pm**.

### What to Bring |

- Luggage space is limited on the bus, so students will be permitted one small suitcase or duffle bag and one carry on (backpack/purse). Please label your luggage with first and last name.
- Toiletries (toothbrush, deodorant - yeah, that'd be good).
- Two pair of shoes, just in case.
- Clothes for 1 day/night
- **Bible**
- Pen/Pencil
- **Money for...**
  - 3 meals (fast food meals | 1 lunches | 2 dinners = suggested total \$25-30)
  - CDs and T-shirts at the Believe Station

### Please do not bring |

- Tobacco, drugs, alcohol, weapons, yadda yadda yadda. Oh, and inappropriate reading material, rated M games, etc..., you can leave that at home, or...in the trash.

**Electronics Policy** | Ok, we get it. Some of you would rather die than go without your phone; some of you think you will die without it. So, here's the deal. We will give grace concerning cell phones, so long as they do not become a hindrance or a distraction and you follow the usage guide lines set by the staff. As for the other electronics, one of the purposes of the weekend is to connect with others. Headphones and game systems and the like usually lead to isolation. So, for this weekend, let's really connect with others. They will be permitted on the bus ride up and back, but not once we arrive. You might be surprised that you can have fun without them. If you think you can handle it, we even dare you to go the weekend without your phone and your electronics. In fact, consider it a double-dog dare. Yeah, we went there. Unplugging can be a good thing.

### Additional Info |

- In case of an emergency please contact Tim Schanie (812-599-6264).
- Please make checks out to McDonough Christian Church.





## **GY Believe 2019**

### Itinerary March 15-16

#### **Friday**

- 4:15 pm Load Students, McDonough Christian Church  
*2000 Jonesboro Rd, McDonough, GA 30253*  
Stop for dinner on the road
- 6:15 pm Arrive and Unload Bus at the Holiday Inn Express Peachtree Corners  
*7035 Jimmy Carter Blvd. Norcross, GA 30092*
- 6:45 pm Depart for Greater Atlanta Christian School
- 7:00 pm Arrive Greater Atlanta Christian School (Registration and distribution of materials)
- 7:30 pm Main Session 1
- 8:30 pm Break/Adult Leaders Meeting
- 8:55 pm Main Session 2
- 10:00 pm Small Group Time
- 12:00 am In Rooms
- TBA Lights Out

#### **Saturday**

- 7:45 am Breakfast
- 8:30 am Depart for GACS
- 8:50 am Arrive at GACS
- 9:30 am Main Session 3
- 10:40am Break
- 11:10 am Main Session 4
- 12:10 pm Lunch Time/Small Group Experience
- 2:00 pm Doors open
- 2:30pm Main Session 5
- 4:00 pm Conference over  
Stop fast food chain for dinner
- 6:00pm Arrive at Stars & Strikes
- 9:30 pm Arrive at McDonough Christian Church



REGISTRATION DEADLINE
Feb. 14, 2019

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

\*Confirmation and event communications will be done through email

Emergency Contact (other than Parent): \_\_\_\_\_ relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Medical Information and Special Instructions

Health Insurance: \_\_\_\_\_ Group # \_\_\_\_\_ Policy #: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Please Circle if applicable to student:

Asthma Physical Handicap Heart Trouble Diabetes Epilepsy/Seizures Sleep Walking

Please Explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Roommate Requests (no promises, please do not list more than 2): \_\_\_\_\_

\*Students will be placed in rooms based on gender and grade level.

INVITED FRIEND(name) \_\_\_\_\_ FOR 50% DISCOUNT

INVITED BY \_\_\_\_\_

\_\_\_\_ Medical Release Form

\_\_\_\_ Registration Form

\_\_\_\_ CIY Release Form

\_\_\_\_ \$50 Deposit (non-refundable)

\_\_\_\_ \$45.00 - Friend 50% Discount

\_\_\_\_ \$35 Balance of Registration

\_\_\_\_ \$110.00 (for late registrations made after Feb. 10, 2019)

\_\_\_\_ Total Paid

\_\_\_\_ Balance Due





DISCIPLINE, LIABILITY AND MEDICAL RELEASE FORM

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

PARENTS |

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this McDonough Christian Church Program. The child identified on this form understands that all students are expected to abide by the Program rules and be directly responsible to the MCC Staff. MCC Staff assumes responsibility for discipline at the Program and, if necessary, may because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home at my expense.

Further, I do release and hereby agree to hold blameless MCC and its Staff from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participation in any activities associated with MCC Programs.

STUDENTS |

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the following stated personal limitations and code of conduct.

- Possession or use of alcohol, drugs, or tobacco is prohibited
No fighting, weapons, fireworks, lighters, or explosives
No boys in girls' sleeping areas and no girls in boys' sleeping areas
Respect property, respect one another, staff, and adult leaders
Students are not permitted to drive
No offensive or immodest clothing
Participation with the group is expected
Respect & comply with event rules & schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

DISCLAIMER |

In the case of a medical need or emergency I authorize McDonough Christian Church to allow medical treatment for my child. This includes performance of first aid, administration of medicine, use of medical transportation, hospitalization, etc. This authorization lasts from January 1, 2019 through December 31, 2019 and applies to any activity in which my child participates that is sponsored by MCC. I understand that it is my responsibility to inform MCC, in writing, if my child will be affected by an allergy, medication, or medical condition while he or she participates in any activity sponsored by MCC. I also understand that it is my responsibility to inform MCC, in writing, if any address, phone number or insurance information on this form changes. I also allow that a signed photocopy of this form is valid if the original is unavailable. Further, I do certify that said child 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.

In the event that my child approaches an MCC youth worker complaining of a headache or some minor body pain that does not appear to be serious, I would like MCC to do the following:

\_\_\_\_\_ Administer: Tylenol, Advil, etc. \_\_\_\_\_ Call me at the numbers above to receive clarification on what to administer.

(Signature of Participating Student)

(Date)

(Signature of Parent or Legal Guardian)

(Date)



**Christ In Youth Discipline, Liability & Medical Release Form**  
Make a copy for yourself and bring the ORIGINAL to registration

**Event you will be attending:**  
 SuperStart!    Believe    MIX    Move    Engage    Wilderness  
**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)** \_\_\_\_\_

**City/State** \_\_\_\_\_ **Group Leader's Name (missions trip n/a)** \_\_\_\_\_

**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 participant or for those under 18 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 required 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 hereby release, forever discharge and agree to hold harmless a) Christ In Youth and its directors, officers, employees, Program Directors, agents and all other persons or entities acting on their behalf (the "Covered Parties") and b) the lessor/owner of properties on which the Programs are held, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant, the undersigned, and/or any member of the participant's family by reason of participating in any activities associated with Christ In Youth Programs whether or not such claims, actions, demands, liability, costs or expenses are caused by the negligence or omission of any of the Covered Parties. It is my intention to, and I do hereby surrender and waive any rights to sue or exercise any legal right to seek damages from the Covered Parties from their failure to use reasonable care in any way.

Further, I do authorize the minister or sponsor of the Program, or any Christ In Youth staff member to take the participant to a doctor or hospital and I hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I hereby assume financial responsibility for all expenses incurred for such treatment and, if necessary, all expenses to return the participant home.

Further, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in this Christ In Youth Program. I hereby release and agree to hold harmless and indemnify the Covered Parties, for any liability and/or expense sustained as the result of negligent, willful or intentional acts of the participant, including damages to the Program facility and/or keys not returned at the time of group checkout. I agree to pay for keys not returned at time of group checkout or damage done to any Program facility or Christ In Youth property by the participant.

For valuable consideration received, I hereby irrevocably grant to Christ In Youth, Inc. the worldwide, royalty-free, right to use the participant's name, voice, likeness, and image in all forms and media, and in all manners for any lawful purposes, commercial or noncommercial. I understand that my participation makes me eligible to receive educational information and updates regarding ministry successes and opportunities.

I acknowledge this agreement is intended to be as broad and inclusive as permitted by the laws of the state of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further agree this agreement will be governed by and construed in accordance with the laws of the State of Missouri without giving effect to the principles of conflict of law and the courts within Missouri will be the only courts of competent jurisdiction. I hereby irrevocably submit to the personal jurisdiction of the courts of Jasper County, Missouri.

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I am aware that by signing this agreement I assume all risks and waive and release certain substantial rights that I may have or possess against Christ In Youth or any of the covered parties.

**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** \_\_\_\_\_