



# CHRISTMAS INSTITUTE - PNW

## 2011 REGISTRATION FORM

For more information, e-mail [info@ci-pnw.org](mailto:info@ci-pnw.org)

[www.ci-pnw.org](http://www.ci-pnw.org)

### CI-PNW REGISTRAR ONLY

FORM RECEIVED: \_\_\_/\_\_\_/\_\_\_

PAYMENTS: Cash \$ \_\_\_\_\_

Check \$ \_\_\_\_\_

CI-PNW Scholarship \$ \_\_\_\_\_

### GENERAL INFORMATION (please print all info)

Last Name		First Name		Middle Name or Initial	Gender O Male O Female
Home Phone ( ) -		Cell Phone ( ) -		E-mail Address	Date of Birth (MM) / (DD) / (YYYY)
AIM Screen Name (list only one)			Name of Home Church (If none, are you seeking one: O Yes O No)		
I give permission for the above information to be included in the CI-PNW member directory (available only to participants and members of the CI-PNW network): O Yes O No					
In the event that I am videotaped and/or photographed throughout various camp activities by CI-PNW staff and leaders, I (along with my parent/guardian signed below) give permission for my likeness to be used in publications of the CI-PNW ministry, such as videos, brochures, news articles, and the CI-PNW website: O Yes O No					

### PERSONAL INFORMATION

Mailing Address				Size of T-shirt XS S M L XL XXL	
City		State	Zip		<b>RETURNING POST-HIGH SCHOOL ONLY:</b> If you are applying to be a Leader in Training (LIT), you must also submit a CI Leadership Team application and attend CILT sessions.
Grade Level O 7th O 8th O 9th O 10th O 11th O 12th			Post-High School Level O 1st Year O 2nd Year O Other _____		

### MEDICAL INFORMATION

Name of Doctor/Physician		Insurance Company Name		I am currently covered by a medical insurance policy: O Yes O No
Name of Medical Practice		Policy Number		
Phone ( ) - ext.		Name of Policy Holder		Date of Last Tetanus shot: (MM) / (DD) / (YYYY)
If you are taking any medications, please indicate which one(s), the size of dosages, and how often? <small>All medications will be dispensed by the CI Nurse. Bring all medications in their original prescription bottles or over the counter containers.</small>			Known allergies and/or dietary restrictions (please list all): <small>These lists will be submitted to our cooking staff prior to camp.</small>	
Health History (check any that apply):				
<input type="checkbox"/> Epilepsy or seizures	<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Menstrual problems	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Headaches	<input type="checkbox"/> Bed-wetting	<input type="checkbox"/> Heart disease	
<input type="checkbox"/> Back pain or strain	<input type="checkbox"/> Alcohol/drug addiction	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes	

### EMERGENCY CONTACT

Name of Local Contact (not attending CI-PNW)			Relationship to You
Daytime Phone ( ) -	Evening Phone ( ) -	Other Comments:	

### CI-PNW CODE OF CONDUCT, LIABILITY RELEASE, AND AUTHORIZED SIGNATURES

I have carefully reviewed the CI-PNW Code of Conduct and understand what is expected of me. I agree to abide by these guidelines throughout my entire stay at CI, otherwise I am aware that a serious violation could result in disciplinary action, early dismissal from camp without refund, and all transportation costs at my expense.

CI-PNW is a safe space with trained adult supervision. I recognize that any activity may still involve certain dangers and risks, including but not limited to the hazards of traveling, accidents, illness, forces of nature, and the actions of participants and other persons. I understand and agree that without some protection to its assets and leaders, CI-PNW would not be able to offer its activities to youth (especially minors) and to young adults. Therefore, in consideration of the right to participate at CI-PNW, I hereby release CI-PNW and its members from any and all liability, claims, and causes of action arising out of or in any way connected with participation in such activities. I personally assume all risks in connection with these activities and further agree to indemnify CI-PNW and its members from all related liability.

### CHECK THIS BOX IF...

You have reviewed and understand the CI-PNW Code of Conduct.

*...Even if you do not check this box, you are still fully responsible for abiding by the CI-PNW Code of Conduct throughout the duration of your stay at camp. =)*

Camper Signature (required)

Parent/Guardian Signature (required if camper is under 18)

If camper is 18 or older, s/he must submit a CI-PNW Background Check form.

Signature from Church Pastor or Youth Worker (required)

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