

REGISTRATION FORM 2017



- \$55 by Feb. 3, 2017
- \$65 by Mar. 3, 2017
- \$75 after Mar. 3, 2017

Group Leader:
fill out this portion
and then copy it
for your students
and other leaders



LEADER INFO

Group Leader _____
Group / Church _____
Address _____
City _____ State _____ Zip _____
Group Phone Number (_____) _____ Fax (_____) _____
Email _____
Website _____

INDIVIDUAL INFO

Individual Registration
Name _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Email _____
School _____ Grade _____
Parent/Guardian _____
Parent/Guardian Email _____
I am a: Student Adult Leader

Medical Release for Students (Under 18 years old)

I, _____, the legal parent/guardian of _____, do release Youth for Christ from any and all liability for my child in case of accident or illness and authorize any medical care deemed necessary by an accredited physician, nurse or hospital while traveling to and from and while attending Break Out 2017, March 17-19 2017 in Saratoga Springs, NY.

Parent/Guardian Signature

_____ Date _____

Payment Method

Check Credit Card # _____
 MasterCard Security Code (3 Digit) _____ Exp. Date _____
 Discover Name on Card _____
 Visa Signature _____

Mail or fax one form for each member in your group to: Youth for Christ, P.O. Box 443
Halfmoon, NY 12065 • P: 518.533.3617 • F: 518.982.5544 • info@cdyfc.org
breakout.cdyfc.org

★ RECORDING RELEASE: In registering for BreakOut, you give permission to Youth for Christ and its video/audio production staff to use your name, voice, video image and/or photo in future promotional pieces, in broadcasts, and on related Youth for Christ websites.