



2010 Summer CIY

Registration Packet

Current 8-12 grade students

*This year we will have a fundraising option to help with the cost of CIY.
Be sure to read a letter from Austin
on page 3 of this packet with more details!



Parent Checklist - KEEP for your records

Important Information:			
Event:	CIY (Christ In Youth)	If registering after June 20, the cost goes up to \$289 and you are not guaranteed a spot will still be open.	
Grades:	Current 8th -12th grades	Place:	Southwest Baptist University
Trip Dates:	7/26/10 - 7/31/10		Bolivar, MO 65613
Departure Time:	8:00a on 7/26/10	CIY E-mail/Web Site:	www.ciy.com
Estimated Return:	4:30p on 7/31/10	Emergency Phone:	402-730-3244 Austin's Cell
Cost:	\$259 + 3 meals	<i>This year we will have a fundraising option to help with the cost of CIY. Be sure to read the letter from Austin on page 3 of this packet for more details.</i>	
* All Forms & Final Payments Due: Sunday, June 20			

Get Registered Now!	
We will need the following 3 things to get you registered for CIY:	
Item:	Done:
❖ 2010 CIY Discipline Liability Form (page 4)	<input type="checkbox"/>
❖ 2010 CCCC Medical Release Form (page 5)	<input type="checkbox"/>
❖ First Payment of \$75 (non-refundable)	<input type="checkbox"/>
* All forms/payments can be dropped off in the secure payment box in the A.C.	

Step 1

For CCCC students we suggest the following payment schedule—All checks should be made out to CCCC				
Suggested Payment Dates:	Amount:	Date Paid:	Amount:	Check #:
September 27	\$75			
October 25	\$65			
November 29	\$65			
December 27	\$54			
* Please add student's name & CIY in memo portion of all checks to ensure proper credit.				

Step 2

Packing Checklist:							
Item:	<input checked="" type="checkbox"/>	Item:	<input checked="" type="checkbox"/>	Item:	<input checked="" type="checkbox"/>	Item:	<input checked="" type="checkbox"/>
Bedding for a Single Bed/Pillow	<input type="checkbox"/>	Medications	<input type="checkbox"/>	Pajamas	<input type="checkbox"/>	Meal Money	<input type="checkbox"/>
Bible	<input type="checkbox"/>	Toiletries	<input type="checkbox"/>	Towel/Wash Cloth	<input type="checkbox"/>	Camera	<input type="checkbox"/>
Spending Money	<input type="checkbox"/>	Swim Suit	<input type="checkbox"/>	Casual Clothes	<input type="checkbox"/>	Sleeping Bag for Sunday night	<input type="checkbox"/>

Step 3

AUSTIN BAZIL STUDENT MINISTRIES

Capitol City Christian Church
7800 Holdrege St.
Lincoln, Ne 68505
402.467.4458
austin@capitolcitychristian.com
September 18, 2009

We have an incredible opportunity this year that will enable our students to do a fundraiser or “service projects” to earn money to go toward attending one of our summer camps. We will be adding this fundraising option to both our middle school camp, Camp Como, and our high school conference, CIY - Christ In Youth Conference.

The fundraiser option that has been approved by our Elders is for service projects. The way this fundraiser is set up will enable each student to “sponsor” or earn money for a friend or another student to attend a camp, as well as themselves. So, each student will have the opportunity to go to camp free as well as raise money for an additional person to go for free.

As you do these service projects you will be responsible for setting up the date, time, and location with the person needing the service. You would then be responsible for collecting the money and turning it in to Austin. For instance you could babysit for a family who would then in turn donate money toward your fundraiser account. The amount of the donation would be decided by the person giving the donation. You then would provide them with a receipt and turn the money in to Austin Bazil or Kelley Beyer in the envelope provided.

The student doing the project would be credited half of their total money collected. The other half can be designated for a friend to use, or will be put into a “pot” that will be used to pay for other students who want to go but can not afford to do so. Middle School Students will be raising \$600 and High School Students will be raising \$650 to be fully funded for their camp. **Remember** ... half of the money that you raise will be going toward someone else’s camp cost. For example if you raise \$200; \$100 will go toward you and \$100 will go toward someone else. The money earned will be used for the next scheduled summer camp, no refunds or transfers to another year will be approved. If a student who has earned money for a camp cannot attend that year’s camp for whatever reason, they will be allowed to transfer their money to a sibling’s or friend’s account.

This fundraiser is not just about the dollars and cents but also about ministry to other people. You will need to have the attitude of service no matter what the donation amount. If someone donates a little bit of money and someone else donates a lot of money they need to know that you were glad to help, in either situation. Remember that you are serving Christ!

You may want to get started now! Go around your neighborhood or call some of your parent’s friends and find out what service project you can do. There will also be a list of church families that have projects for us so if you need jobs check with Austin and he will give you a list as they are available. Have a great attitude, and heart, and the Lord will bless you.

Suggestions: lawn mowing, leaf raking, snow removal, baby sitting, garage cleaning, house cleaning, helping people move, various forms of yard/garden work, etc.

Things not to do: lemonade stand, garage sale, etc.

We are not selling anything ...we are only allowed to do service projects.

If you’re not sure, call or email Austin Bazil at the church office.



Christ In Youth Discipline, Liability & Medical Release Form

Make a copy for yourself and bring the ORIGINAL to registration

Event you will be attending:

- Know Sweat Missions Trip believe move SuperStart! Discipleship
- Wilderness Elevate On Purpose Mission Leader Training Trip

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 parent or legal guardian of the student 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 students are expected 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 student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless Christ In Youth and its employees and agents, as well as Southwest Baptist University (SBU) and its agents and employees from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Christ In Youth Programs. I agree to pay for any damages to Christ In Youth or SBU facilities as determined by Christ In Youth or SBU officials, including any keys not returned at the time of group check out. I understand that neither CIY nor SBU will bear any liability or responsibility for property of the above named which is damaged or stolen during the event. I have been advised that participants should not bring electronics or other valuables to this event and if participants choose to do so it is at their own risk.

Further, I do allow Christ In Youth to use photographs and video footage shot at the Program of the individual named above for promotional materials. Further, I do authorize the minister or sponsor of this activity or any Christ In Youth staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

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.

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 _____

Several Christian Colleges appreciate receiving the names of young people who attend Christ In Youth programs. If you prefer that the information about the above named individual NOT be passed on to any of these colleges, please check this box.

From time to time, Christ In Youth uses the information above to update parents regarding ministry successes and opportunities. If you prefer to NOT receive these updates, please check this box.

Medical Release Form (January 1 - December 31, 2010)
(Please Print)

I am a () student () sponsor

Name _____ Date of Birth _____ Grade _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell _____ E-mail _____

Parent/Guardian Information (not required for persons over 21 years of age)

Father _____ Mother _____

Address _____ Address _____

City _____ City _____

Home _____ Cell _____ Work _____ Home _____ Cell _____ Work _____

Medical Information (required for students and sponsors)

Doctor's Name _____ Phone Number () _____

Are you currently taking any medicine or treatments? () Yes () No If yes, please explain below.

Have you been restricted from sports or swimming for any reason? () Yes () No
If yes, please explain below.

Date of last Tetanus Immunization: Month _____ Year _____
Have you ever had a severe reaction to a bee/hornet sting or insect bite? () Yes () No

Do you have? List any Allergies:
() Sinus Trouble Food _____
() Hay Fever _____
() Heart Trouble Drugs _____
() Asthma _____
Do you have other medical needs? _____

Insurance Information

Insurance Company _____ Policy Number _____ Group # _____

Emergency Information

If I (parent or guardian listed) cannot be reached in case of emergency, please notify:
_____ Relationship to participant _____ Phone # () _____

In the event of an emergency, I hereby give permission to an approved Capitol City Christian Church sponsor to obtain medical assistance for my child while participating or traveling on a church related trip or event. By signing below I not only give them permission to treat, but also release any involved party from any liability.

Signature of Parent/Guardian _____ Date: _____

Capitol City Christian Church 7800 Holdrege Street Lincoln, Ne 68505 Phone: 467-4458 Fax: 467-6288
