

CRUNCHTIME 2014 ADULT REGISTRATION FORM

Cost: \$50.00, After December 13th \$75.00
(Limited space available)

NAME _____ SEX M F

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE () _____

EMAIL _____

T-SHIRT SIZE (circle one) S M L XL XXL

HOME CHURCH _____

ARE YOU THE YOUTH DIRECTOR? Y N

PHOTO RELEASE:

I, _____, do hereby give CrunchTime, its assigns, licensees, and legal representatives the irrevocable right to use my picture, portrait or photograph in all forms and media and in all manner, for the advertising, trade or in any other lawful purpose for the benefit of CrunchTime only.

Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

**PLEASE MAKE SURE THAT YOU HAVE READ AND SIGNED THE
MEDICAL RELEASE FORM ON THE NEXT PAGE AND YOUR
PARENTS HAVE IT NOTARIZED!!!**

Please tear this page off and fax it or mail it with a check to:

Wesley Foundation at Texas A&M

P.O. Drawer K

College Station, TX 77841

Fax #: 979-260-2089

The Registration Deadline is January 17, 2014

CRUNCHTIME 2014

PERMISSION AND MEDICAL RELEASE FORM

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ PHONE () _____

CITY _____ STATE _____ ZIP CODE _____

NAME OF GUARDIAN _____ PHONE () _____

EMERGENCY CONTACT _____ PHONE () _____

I consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in the connection with such medical and dental services rendered to the aforementioned pursuant to this authorization. Should it be necessary to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission to ride in any vehicle designated while attending and participating in activities sponsored by The Wesley Foundation at Texas A&M

HOSPITAL INSURANCE: YES NO

INSURANCE COMPANY _____ POLICY NUMBER _____

MEDICATIONS: _____ ALLERGIES: _____

WESLEY CODE OF CONDUCT

I understand that all Wesley Foundation functions are to be free from the use or possession of alcohol or illegal drugs. Violators will be asked to leave at his/her own expense. I understand that sexual harassment in any form will not be tolerated, including going in rooms of members of the opposite sex.

I also understand that for my own safety while at the retreat I will ride only in a car with an adult chaperone and will not leave unless the entire group is going somewhere together. I also understand that when I am traveling in the car I will wear my seatbelt. In order for me to get the most out of my weekend I will turn off my cell phone or pager upon arrival, and I will not have friends come and visit me during the retreat.

Participant's Signature

Date

Subscribed and sworn before me this _____ day of _____, _____.

Parent/Guardian Signature

Notary Public – State of Texas