

CRUNCHTIME 2017 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



PrimeTime
CrunchTime

I have fought the good fight, I have finished
the race, I have kept the faith
-2 Timothy 4:7

February 3-5, 2017

Website: crunchtimeretreat.org
Email: crunchtimeretreat@gmail.com

CrunchTime 2017

CrunchTime is a three-day annual retreat for high school juniors and seniors hosted by college students involved with Wesley Foundations of the Texas Annual Conference and United Methodist campus ministries. Began in 2001, the retreat aims to help teach high school youth about how to maintain a Christian lifestyle while in college. Many college students face a challenge as they realize that they are entirely disconnected from any group that previously provided familiarity in high school. Without a base for their spiritual journey and with new friends who may hold different morals than themselves, many students stumble in their walk. CrunchTime aims to help high school students about to enter college prepare themselves for the necessary adjustments to maintain their spiritual journey.

Activities

Texas A&M Recreation Center sports activities
Campus tours
Small groups
Worship
Food, fun, & fellowship with college students.

What You Need to Bring:

Bible, sleeping bag and pillow, towels and toiletries, play/sports clothes and shoes (we will be at the A&M Rec Center for a few hours for whatever you would like to do such as soccer, basketball, running, racquetball, or swimming.)

Adults will be able to participate in the activities along with the youth if they want to, however, students from the Wesley Foundation will be leading them, and the adults will not be required to be at all the events.

CRUNCHTIME 2017 STUDENT REGISTRATION FORM

Cost: \$50.00, After December 23rd \$75.00

NAME _____ GRADE _____ SEX M F

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE () _____

EMAIL _____

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

HOME CHURCH _____

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 _____

I, _____, understand that by granting permission for my student to participate in this event that additional transportation may be required. I understand that transport may be in personally own vehicles, driven by licensed drivers

Signature _____ Date _____

Parent/ Legal Guardian Signature _____ Date _____

WHAT COLLEGES ARE YOU INTERESTED IN? _____

ANY QUESTIONS YOU HAVE ABOUT COLLEGE THAT YOU WANT ANSWERED?

(No question is a stupid question; we have all been there!!)

PLEASE MAKE SURE THAT YOU HAVE READ AND SIGNED THE MEDICAL RELEASE FORM ON THE BACK 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

*IN ORDER TO BE GUARENTEED A SHIRT REGISTER BY

JANUARY 17, 2017