

# REGISTRATION FORM 2017



- sign up by 2/10 - \$125
- sign up by 3/6 - \$135
- sign up after 3/7 - \$145

**Group Leader:**

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

**LEADER INFO**

**Group Leader** Niki Campbell, Colton Schroeder, Jenn Jubrey  
 Group / Church Brunswick Church  
 Address 42 White Church Ln  
 City Troy State NY Zip 12180  
 Group Phone Number ( 518 ) 279-3792 Fax ( 518 ) 279-0669  
 Email niki@brunswickchurch.org  
 Website brunswickchurch.org

**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.