

**STUDENT
LEADERSHIP
CONFERENCE**
**MILLIGAN
COLLEGE**
JULY 18-25, 2015



YOUTH IN MINISTRY

PREPARE TO SERVE

PREPARE TO LEAD

PREPARE FOR LIFE

C3 Students YiM Student Conference

July 18-25, 2015

I am thrilled you are considering going to the Youth In Ministry Student Leadership Conference this year. The coming months will prepare each of us for a week that will radically change our lives. Maybe you have an idea of what you want to do with your life. Maybe you already feel God is guiding you to a career or vocation that fits with your passions. Maybe you have thought that God is calling you into full-time vocational ministry. Maybe you are clueless and have no idea what to do with your future, but you want to follow God's call for your life.

If *any* of those describe you, then the YiM Conference is for you.

This trip is designed for high school students graduating in years 2015 – 2018.

Specific Expectations

- Fully participate at 75% of IMPACT gatherings
- Attend any trip team meetings
- Raise any money needed to support your trip

Date of Trip

- Depart: Morning of Saturday, July 18, 2015
- Return: Evening of Saturday, July 25, 2015

Cost

- Total cost of trip is \$400 (first time attenders may be eligible for \$250 scholarship)

YiM Information Meeting

- Sunday, February 15 at 5PM at CCC

Process

- Meet with Ryan Arnold
- Fill out online application, reference, and medical form at <http://communitycc.net/events/youth-in-ministry/>
- Make payment to CCC
- Attend trip team meetings

Travel, Accommodations & Meals

We will be traveling to YiM in rented vehicles. The YiM Student Leadership Conference is held on the campus of Milligan College in beautiful northeast Tennessee. Students will be staying in Milligan's residence halls along with their counselors. Meals are included with the registration fee.

If you have any questions, please do not hesitate to contact me. You can call me at the CCC office at 410.933.8330 or on my cell phone at 410.236.0184. You can also email me at ryan.arnold@communitycc.net.

Ryan Arnold

Student Minister

Community Christian Church – *Helping People Find Their Way Back to God*

Email: ryan.arnold@communitycc.net

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Office: 410.933.8330

Twitter: www.Twitter.com/CCCStudents

Facebook: www.Facebook.com/CCCStudents

YiM Registration & Release

Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Age: _____

Birthday: _____ School: _____ Grade: _____

Emergency Contact: _____ Emergency Phone: _____

Insurance Company: _____

Policy #: _____ Any Known Allergies: _____

I agree to the following:

I give permission for medical attention to be given to my son/daughter in case of injury, including major surgery. I understand that I will be contacted as soon as possible in case of an incident. I release Community Christian Church and any other parties acting for the church from liability in case of an accident. I request that the student ministry staff carry out any discipline; if necessary, I will pay the expense to have of my son/daughter sent home.

Photo & Video Release: By registering for this event I agree that as a participant of this event, my child may be photographed and/or videotaped during normal activities and that the photographs or video may be used in promotional material for Community Christian Church.

Signature of Student: _____

Signature of Parent/Guardian: _____

Date: _____

**COMMUNITY CHRISTIAN CHURCH
MEDICAL CONSENT FORM
410-933-8330**

Medical Consent Forms are required to attend student activities. These forms are kept on file for one school year. A new Medical Consent Form is required at the beginning of each school year OR when a student's address, emergency contact, health and/or insurance information changes within the year.

Please Print

Name _____ Sex _____ Birth date ____/____/____ Age _____
Last First M.I.
Address _____ Phone (____) _____ Grade _____
City _____ State _____ Zip _____ Visitor ☐ yes ☐ No

Emergency Information

Fathers Name or Legal Guardian

Mothers Name or Legal Guardian

Home Phone (____) _____
Work Phone (____) _____
Cell Phone (____) _____

Home Phone (____) _____
Work Phone (____) _____
Cell Phone (____) _____

If Parents or Guardians are unavailable, call:

Alternate contact/Relationship: _____ Phone (____) _____

HEALTH & INSURANCE INFORMATION

Do you carry family medical/hospital insurance? Yes ☐ No ☐

If so, indicate Insurance Carrier _____ Policy # _____

Name of Family Physician _____ Phone (____) _____

Name of Family Dentist/Orthodontist _____ Phone (____) _____

MAJOR MEDICAL PROBLEMS:

Allergies: ☐ Asthma ☐ Drug Allergies ☐ Hay Fever ☐ Insect Stings Other _____

☐ Asthma (chronic) ☐ Bleeding/Clotting Disorder ☐ Cardiac ☐ Diabetes ☐ Epilepsy

☐ Emotional Disorder ☐ Nervous Disorder ☐ Physical Handicap Other _____

If you have checked any of the above, please give details: _____

Activities restrictions? _____

List operations or serious injuries with dates: _____

List any chronic recurring illness or medical condition: _____

Current medication: (send with instructions) _____

Date of last tetanus shot: (month/day/year) ____/____/____

IMPORTANT: Please notify Community Christian Church (CCC) if your child has been exposed to a communicable disease within the last three weeks prior to the outing or event. This health information is correct so far as I know, and my son/daughter has permission to engage in all prescribed activities except as noted. I agree to update the above medical information regarding my son/daughter as is appropriate.

Authorization for treatment: I hereby give permission to the medical personnel selected by CCC to provide medical care in the best interest of my son/daughter in case of a medical emergency. In the event I cannot be reached in an emergency I hereby give permission to the physician selected by CCC to treat my son/daughter, including hospitalization, if necessary. This form, when complete, may be photocopied for trips away from CCC.

Signature of Parent or Legal Guardian: _____ **Date:** _____