

SRCC PASSION INFORMATION

1. Prices for Registration
 - On or before October 1 - **\$149**
 - On or before November 1 - **\$169**
 - On or before December 1 - **\$189**
 - On or before January 1 - **\$199**
 - **\$209** after January 1
2. Hotel and travel cost is **\$140**
3. Dates: Jan. 1-4, 2017 in Atlanta, GA
4. You will also need money for meals and/or other merchandise that is purchased.
5. Copy and return this form signed and money for registration to be considered registered (prices on #1).

SOUTH ROCK CHRISTIAN CHURCH MINISTRY ACTIVITY GUIDELINES

1. All participants are expected to behave in an appropriate manner.
 - A. Immediate compliance with all instructions from adult staff.
 - B. Conduct that is courteous, polite, and sensitive to others.

Any instances of physical or verbal abuse will be grounds for a student to be sent home.
 - C. Neat, clean, and modest appearance. No worldly messages on clothing
2. Everyone is expected to participate in all activities unless they have a legitimate reason to withdraw.
3. **NO DRUGS, ALCOHOL, TOBACCO, FIREARMS, OR FIREWORKS, No entertainment gadgets of any type.** (Or anything else you shouldn't have)
4. Respect the property of others, if it is not yours do not use it without permission.
IF YOU BREAK SOMETHING YOU BUY IT!
5. **DON'T BE LATE!!** Everyone is expected to be on time for **ALL** activities.
6. If the guidelines are not followed, the violator(s) may be sent home as soon as possible at their own(Adults) or their parents(Youth) expense.

I have read the SOUTH ROCK CHRISTIAN CHURCH YOUTH MINISTRY ACTIVITY GUIDELINES and fully understand them. I agree to abide by them. I realize what action may be taken if these guidelines are not followed.

_____ Student or Adult _____ Date _____ Parent (if under 18) _____ Date _____ Email

South Rock Christian Church
Parental Consent form\Emergency Medical Release

I, _____ do hereby give the employees and or representatives of First Christian Church,
(Parent or Guardian)
Derby, KS, permission to authorize emergency medical or dental treatment for _____ while
Son\Daughter
participating in a Church sponsored trip. I also agree to bear the expense for any such medical or dental treatment. I give my permission for my son\daughter to be transported by private and or commercially owned vehicles. I understand that this trip includes: crossing a state border, outdoor activities and acknowledge that these do present some possible hazards, I agree to hold harmless First Christian Church, It's agents and employees from any and all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these activities.

_____ Signed _____ Date

Allergies or special needs: _____
In case of emergency Contact: _____

_____ Name _____ Phone\Day _____ Phone\Eve

Insurance Company _____ Policy # _____