



# CMC West 2017

## Supplemental Youth Program Application Form

For youths in 6-12 grade  
One form per applicant

1. Applicant Name \_\_\_\_\_

5. Name of parents/guardians: \_\_\_\_\_

6. Address (Street, City, State, ZIP): \_\_\_\_\_

7. Tel \_\_\_\_\_ 8. Mobile/Cell \_\_\_\_\_

9. E-mail \_\_\_\_\_ 10. Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

11. Are you a Christian?  Yes  No  Not Sure 12. If yes, for how many years? \_\_\_\_\_

13. Who is Jesus to you? \_\_\_\_\_

14. Name of (circle one) Father/Mother/Legal Guardian attending CMC West 2017 \_\_\_\_\_

2.  Male  Female

3. Age \_\_\_\_\_

4. Grade in school \_\_\_\_\_

**Please note you must be 18 years of age and have a credit card to check-in to the hotel on your own. Please contact the program coordinator if you have special circumstances.**

15. Physical and emotional health, including any limitations: \_\_\_\_\_

16. Substances you are allergic to: \_\_\_\_\_

17. Medication taken regularly: \_\_\_\_\_

18. Is CMC Youth Program leadership authorized to approve medical treatment in an emergency?  Yes  No

19. Is Applicant covered by personal/family medical insurance?  Yes  No

20. If yes, name of insurer: \_\_\_\_\_ 21. Policy or Group Number: \_\_\_\_\_

22. In case of an emergency, notify: \_\_\_\_\_ 23. Emergency Phone # \_\_\_\_\_

**I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION FORM IS TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY FURTHER AGREE TO ABIDE BY THE RULES AND INSTRUCTIONS GIVEN BY THE CHINESE MISSION CONVENTION West 2017 YOUTH PROGRAM LEADERSHIP OR OTHERWISE FACE DISMISSAL FROM THE PROGRAM.**

24. Signature of Youth Program Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**The Applicant AND a Parent or Legal Guardian must sign the following (if the Applicant is of legal age by December 26, 2017, a parent signature is not required):**

I HEREBY GIVE PERMISSION FOR THE APPLICANT NAMED ON THIS FORM TO PARTICIPATE IN ALL THE YOUTH PROGRAM ACTIVITIES AT CHINESE MISSION CONVENTION West 2017, SPONSORED BY AMBASSADORS FOR CHRIST, INC., WHICH WILL BE HELD IN ONTARIO, CA ON DECEMBER 26 – 29, 2017. I UNDERSTAND THAT THE MAIN PART OF THE YOUTH PROGRAM WILL BE CONDUCTED AT THE DOUBLE TREE ONTARIO AIRPORT HOTEL BUT OUTREACH AND COMMUNITY SERVICE PROJECTS WILL BE CONDUCTED IN THE GREATER LOS ANGELES AREA BEYOND THE PREMISES OF THE HOTEL AND ONTARIO CONVENTION CENTER.

I acknowledge that participation in the Youth Program involves risk to the Applicant (and to Applicant’s parents or guardians, if Applicant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the Youth Program (the “Activity”), the Applicant (or parent/guardian if Applicant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Applicant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Applicant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the Applicant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Applicant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Applicant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Applicant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

22. Signature of Youth Program Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

23. Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

