

MS
78
CONFERENCE
SUMMER

MS

This Changes Everything!

MS

What is it?

Mix is a 4 day, middle school only event that thousands of students across the country will experience this summer. It's a new event for us this year, put on by the same people who put on Believe. We'll get to stay on a college campus and have an insane amount of fun.

When is it?

June 16-20th

We'll leave Monday morning, June 16th from NE and get back mid-day on June 20th.

What does it Cost?

\$325* [\$350 if registering after April 30th]

Includes: Registration to the event, transportation to and from Knoxville, TN, meals at the event, all conference materials, some of the country's best speakers and artists, and basically the best week of your life. You will also need money for 4-5 fast food meals.

Who is it for?

Any students entering 6-9th grade in the fall.

Where can I get more info?

www.ciy.com/mix

Can I bring friends?

Absolutely! We work very hard to keep prices low with that exact purpose in mind. We want you to be able to invite friends, and not have to sell a kidney so they can come. Invite away. We even have a special for kids who have never been on an NSM summer trip: \$100 for summer camp, how can you beat that?

**Return the release forms to Nathan with a
\$75 deposit by April 30th.
After April 30th, a \$25 late fee will apply.**

**mail to:
Nathan Zimmerman
990 Star Shoot Pkwy
Lexington KY 40509**



**checks payable
to NorthEast**

Scholarship Application

At NorthEast Christian Church we never want lack of funds to be the reason a student can't go on a trip, especially a trip as good as this one. Please provide the following information so we can make sure you get as much help as we can afford to give you.

1. Event for which you are requesting scholarship: _____

2. Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)?

3. How long have you attended NorthEast? _____ Have you been baptized? yes no

4. Are you involved/serving in any other ministries at NorthEast? _____

5. Is this your first time attending a summer trip with NorthEast Student Ministries? yes no

6. Do you have siblings that are also attending this event (or the middle school trip)? yes no

7. Are you bringing a friend who has never attended a summer trip with NE before? yes no

8. Would you like to get a scholarship? yes no

9. Are you also going MOVE? yes no

If you answered yes to #5 your cost for the week is \$100

If you answered yes to questions #2, 6, or 7 your cost for the week is \$200

If you answered yes to question 8, as long as funds allow, the cost will be \$200.

If you answered yes to question 9, your total cost for both weeks is \$375

Submit your \$75 deposit with these forms, and the balance will be due the day we leave. You'll be contacted to confirm the balance amount.

NSM Waiver

By signing this document I give my child permission to attend said trip with NorthEast Christian Church and release them of all liability for the duration of this trip. I give them full permission to seek medical treatment as they deem necessary in regards to my dependent. In case of an emergency they are to be first response and will contact me or the emergency contact as soon as possible. I understand that NorthEast reserves the right to end the trip of any student whose behavior is illegal or deemed worthy of dismissal by CIY or the staff of Student Ministries at NorthEast at any time and that transportation home will be at the student's expense.

Signed(Parent/Guardian): _____ date: _____

Signed(student): _____ date: _____



Christ In Youth Discipline, Liability & Medical Release Form

Make a copy for yourself and bring the ORIGINAL to registration

Event you will be attending:

- Know Sweat Missions Trip believe move SuperStart! Discipleship
 Wilderness Elevate On Purpose Mission Leader Training Trip

Please check which one best describes your attendance:

- Sponsor Student Youth/Children's Minister

Participant Name _____ Male Female

Address _____ City _____ State _____ Zip _____

Participant email _____ Home Phone _____ H.S. Graduation Year _____

Church You are Attending with (missions trip n/a) _____

City/State _____ Group Leader's Name (missions trip n/a) _____

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____ Medications Currently Taking _____

Parents/Legal Guardians Name (with whom you live) _____

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone _____ Parent(s) email _____

Person to notify if parent/legal guardian cannot be reached:

Name _____ Relationship _____ Phone _____

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Christ In Youth Program. The individual identified on this form understands that all participants are expected to abide by the Program rules and be directly responsible to the Christ In Youth Program Director. The Christ In Youth Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless Christ In Youth and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Christ In Youth Programs. I also release the lessor/owner of properties on which the Program is held. I agree to pay for any damages or property loss as determined by Christ In Youth or campus officials, including any keys not returned at the time of group check out.

Further, I do authorize the minister or sponsor of this activity or any Christ In Youth staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Christ In Youth to use photographs and video footage of the participant for promotional materials.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above _____

(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of the Parent/Legal Guardian _____

Several Christian Colleges appreciate receiving the names of young people who attend Christ In Youth programs. If you prefer that the information about the above named individual NOT be passed on to any of these colleges, please check this box.

From time to time, Christ In Youth uses the information above to update parents regarding ministry successes and opportunities. If you prefer to NOT receive these updates, please check this box.