



THIS CHANGES

# Everything

move

2014

HS



## What is it?

Move is a 5 day, high school only event that tens of thousands of teens across the country will experience this summer. We've arranged a deal with CIY to do a special, unpublicized week for us and a few other churches from Lexington in Panama City FL. How sweet is that?

This is a life altering week; God has, now we will: Move

## When is it?

June 28- July 4

We'll leave Saturday night, June 28<sup>th</sup> from NE and get back mid-day on July 4<sup>th</sup>.

## What does it Cost?

\$375\* [\$400 if registering after April 30th]

Includes: Registration to the event, transportation to and from Panama City Beach, FL, meals at the event, 4 nights at the Paradise Palms, beach access, 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 9<sup>th</sup> grade in the fall through graduated seniors.

## Where can I get more info?

[www.ciy.com/move](http://www.ciy.com/move)

## 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 a week at the beach. 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 MIX?  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 \$250

If you answered yes to question 8, as long as funds allow, the cost will be \$250.

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 \_\_\_\_\_

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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.

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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 \_\_\_\_\_

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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.