

# SUMMER EXCITEMENT 2009

Christian Youth Leadership School  
Lubbock, Texas  
June 14 – June 19, 2009

## Important Registration Information:

Registration cutoff date is May 15, 2009 or until enrollment is full. All tuition is due June 1, 2009. No refund after June 1, 2009. For cancellations made prior to June 1, 2009, the student will receive a \$100 refund.

Registration Requirements:

1. Check made **payable to Summer Excitement** for tuition
2. Completed registration form (front and back)

Tuition includes lodging, meals, and a Summer Excitement t-shirt.

- \$235, if received with application  
 \$250, if received after application

Mail To:

SUMMER EXCITEMENT  
1701 Quaker Avenue  
Lubbock, TX 79416

Please type or print legibly:

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle  
Male  Female  What name do you go by? \_\_\_\_\_

Address \_\_\_\_\_  
Street/Box City State Zip

Birthdate \_\_\_/\_\_\_/\_\_\_ Grade entering in Fall of 2009 \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Phone # where parent/guardian can be reached: Home(\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Is this your first year to attend Summer Excitement? Yes  No  Adult T-shirt Size \_\_\_\_\_

Student's email \_\_\_\_\_ Parent's email \_\_\_\_\_

Roommate Request (in order of preference): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(no guarantees)

Home Congregation \_\_\_\_\_

## MY CONTRACT WITH JESUS CHRIST AND SUMMER EXCITEMENT

I, the undersigned, being a dedicated Christian and in total understanding, sign this contract with Jesus Christ and Summer Excitement. I do hereby freely enter into a commitment to study and have the best week of my life. As I sign this contract, it is my written promise that I will attend all school sessions, be on time, participate in every activity planned by Summer Excitement staff, enter into organized sport competition, be in my room by curfew, and conduct myself in a Christ-like manner.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PARENT/GUARDIAN COOPERATION STATEMENT

It is my understanding & full cooperation that my son/daughter will be dismissed from Summer Excitement and sent home if he/she does not adhere to the rules.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## MINISTER/ELDER/LEADER RECOMMENDATION

Whoever signs is saying the above youth is a teachable young person, disciplined, dedicated, and desiring to be like Jesus. The above youth is one of the best in his/her youth group and wants to be better.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

**FOR OFFICE USE ONLY** Postmark \_\_\_\_\_ Amt Pd \_\_\_\_\_ Ck # \_\_\_\_\_ Description \_\_\_\_\_

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**Important Notice:** This medical release form must be completed and returned with application. The application will not be accepted without a signed medical release form. Every Summer Excitement participant must fully complete this medical release form.

Please type or print legibly:

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street/Box City State Zip

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Company Address \_\_\_\_\_  
Street/Box City State Zip

Immunization Status and Date: Tetanus \_\_\_\_\_

List prescription medications taken regularly \_\_\_\_\_

List any physical limitations that might hinder your Summer Excitement participation (migraines, allergies, nervousness, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Should you require medical attention at any time during Summer Excitement, list any special instructions or information which would be helpful to a physician (rare blood type, allergies to certain drugs, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL AND SURGICAL WAIVER

- To be filled out by the parent or legal guardian of young people under 18 years of age:

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go to Summer Excitement. I further expressly grant my permission for my child to participate in all activities of Summer Excitement. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Summer Excitement, or its representatives, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I hereby release, acquit, discharge, and covenant to hold harmless the Summer Excitement staff, personnel, or its representatives, from any and all actions, damages, and/or liabilities arising out of the treatment of any sickness or accident, incurred by my said child during the above dates while at Summer Excitement. I accept full financial responsibility for any damages incurred on the campus of Lubbock Christian University as a direct result of my said child's actions during the above dates while at Summer Excitement.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

- To be filled out by those over 18 years of age:

I, \_\_\_\_\_, do hereby acknowledge that I am over 18 years of age and have listed physical defects or medical problems that may need attention. I have read the above Medical and Surgical Waiver for minors and agree to the same terms. I hereby release the Summer Excitement staff, personnel, or its representatives from any and all actions, causes of actions, damages, and/or liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during my attendance at Summer Excitement.

Participant \_\_\_\_\_ Date \_\_\_\_\_