

**ILLINOIS/WISCONSIN DISTRICT  
NYC BUS TRIP REGISTRATION**

Please fill out all requested information and the medical release form on the back.

Name: \_\_\_\_\_ Youth or Advisor (Circle one)

Date of birth (if youth): \_\_\_\_\_ Gender: M F (circle one)

Class year: '09 '10 '11 '12 '13

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Desired pick-up point (circle one): Dixon Naperville Peoria

Total cost of the bus trip is \$230 per person. It covers all transportation from the drop off point to the conference and return trip. It does not include meals or any other personal expenses during the trip.

REGISTRATION AND A \$50 DEPOSIT ARE DUE BY APRIL30. THE REMAINING \$180 BALANCE IS DUE BY JUNE 1. ALL PAYMENTS ARE NON-REFUNDABLE AFTER JUNE 1. SEND THIS FORM AND CHECK PAYABLE TO

ILLINOIS/WISCONSIN DISTRICT YOUTH TO:

IL/WI DISTRICT YOUTH  
C/O JEWEL MCNARY  
149 S. CALUMET  
AURORA, IL 60506

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PARENT/GUARDIAN OF YOUTH, PLEASE READ AND SIGN BELOW:

I agree to pay the final balance by June 1 and understand that all payments are non-refundable after that date.

I will be in prayer for all participants on the trip and will support the judgment of the coordinators and advisors in emergency or disciplinary situations that may occur.

I understand that if my son or daughter violates the rules, they may be sent home at the parents' expense forfeiting all money paid for NYC and travel to and from NYC.

Parent's/Guardian's signature \_\_\_\_\_

COVENANT FOR ALL PARTICIPANTS ON THE TRIP (Please read and sign below):

I will abide by the covenant established for NYC participation throughout the trip to and from NYC.

I acknowledge that I represent the Church of the Brethren through my actions, and my behavior will reflect Christian values. I will abide by all curfews, schedules, and other rules established for the trip. I understand violation of these rules may cause me to be sent home at my parents' expense.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

ILLINOIS/WISCONSIN DISTRICT  
NYC BUS TRIP MEDICAL RELEASE

Please fill out all requested information and the registration form/covenant on the other side.

Name of participant: \_\_\_\_\_

(If youth) Parent/guardian contact (name and phone—include cell phone if available):

\_\_\_\_\_

Emergency contact (name/phone): \_\_\_\_\_

Family physician (name/phone): \_\_\_\_\_

Any known allergies: \_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

Physical limitations (if any): \_\_\_\_\_

\_\_\_\_\_

Other significant medical information: \_\_\_\_\_

\_\_\_\_\_

MEDICAL RELEASE:

If necessary, I agree that a trip coordinator or youth advisor may take me/my child to a doctor or hospital for treatment. I agree that a doctor may treat me/my child in case of an emergency.

Parent's or Adult Participant's Signature: \_\_\_\_\_