



SPRING INTO ACTION

What is it? - Jesus presented to us an example of servitude that we are to mimic in our Christian lives. It is from this call to action that this event has been formed. This year we will be focused on ending hunger worldwide through World Vision's 30 Hour Famine. Students will learn to rely on God for their needs and help raise funds to end hunger as they fast for 30 hours. For more info visit: 30hourfamine.org/team/VCCOC

When is it? - Sunday, April 14th at 4pm to Tuesday, April 16th at 6pm.

How much is it? - It's free!

Where is it? - All teens will be housed at the Visalia Community Church of Christ building for the entire event (separate guys and girls areas). Showers will be made available at several of the members' houses during the event.

What should I bring? - sleeping bag, pillow, casual clothes, work clothes & gloves, toiletries, towel, Bible.

Please turn in your registration form to your youth leader by Sunday, March 31st.



KEEP THIS HALF

RETURN THIS HALF

SPRING INTO ACTION REGISTRATION FORM

NAME _____ CIRCLE ONE: ADULT STUDENT GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____ - _____

EMERGENCY CONTACT _____ PHONE (____) _____ - _____

ALTERNATE CONTACT _____ PHONE (____) _____ - _____

INSURANCE CARRIER _____ POLICY # _____

MEDICAL CONDITIONS/MEDICATIONS _____

LIABILITY RELEASE

I RELEASE *SPRING INTO ACTION* AND THE VISALIA COMMUNITY CHURCH OF CHRIST OF ANY AND ALL FINANCIAL RESPONSIBILITIES RESULTING FROM INJURIES OR DAMAGES THAT MAY BE A RESULT OF ACTIVITIES DEEMED APPROPRIATE DURING *SPRING INTO ACTION*, APRIL 14-16, 2019.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICAL AUTHORIZATION

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY ANYTIME APRIL 14-16, 2019, I HEREBY GIVE PERMISSION TO ADULT WORKERS WITH THE YOUTH OF *SPRING INTO ACTION* AND THE VISALIA COMMUNITY CHURCH OF CHRIST TO CONSENT TO ANY EXAMINATION, X-RAY, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE WHICH IS RENDERED UNDER SUPERVISION OF ANY PHYSICIAN OR SURGEON LICENSED UNDER THE PROVISIONS OF THE MEDICAL PRACTICE ACT ON THE MEDICAL STAFF OF A LICENSED HOSPITAL, WHETHER SUCH DIAGNOSIS OR TREATMENT IS RENDERED AT THE OFFICE OF SAID PHYSICIAN OR AT SAID HOSPITAL.

PARENT/GUARDIAN SIGNATURE _____ DATE _____