



January 12th-14th, 2018

Featuring:

Jeff Walling, The Skit Guys, The Sandman and more!

When:

We leave on Friday, January 12th @1pm and return on Sunday, January 14th around 4pm

Hotel:

We'll be staying at the Four Points by Sheraton, down the street from the Convention Center.

Side Trips:

As always, we'll have Saturday afternoon for free time around Dallas/Fort Worth. We'll do some shopping and fun!

The Price:

The Early-Bird price is \$105 until December 31st, and after that the price is \$130 per person. Families sending multiple siblings can take off \$10 per student.

Need more info?

Check out what's happening at Winterfest at www.winterfest.org

Turn in your registration and payment before December 31st for the Early-Bird rate of \$105



Registration Form

Return to gray boxing YC or by church office

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

T-Shirt Size: S M L XL XXL

I am enclosing:

___ \$105 Early Bird Registration Fee by 12/31/17

___ \$130 Regular Registration Rate starting 1/1/18

___ \$50 Sponsor Fee

(\$105 gets Winterfest pass, t-shirt, hotel room, breakfast both days, and \$5 for lunch on Sunday.)

Scholarships are available, but they will only apply to the early-bird registration rate.

Refunds policy:

You may receive a refund if the church can fill your seat OR we get a refund on your tickets. If the church is NOT refunded, we cannot refund you.

Permission/Release Form – WF
Del City Youth Group Winterfest Trip, Arlington, TX, 2018

Please print clearly

Participant's Name _____ Age _____

Guardian/Parent _____

EMERGENCY CONTACT:

Name _____

Daytime Phone # _____

I give permission for my son/daughter to participate in the Del City Youth Group trip to Winterfest, January 12th-14th, 2018. I hereby waive and release any and all rights, release on claims or damages which I may have against the Del City Church of Christ and all of their agents, volunteers and employees, for any and all injuries which my son/daughter may incur while taking part in your program. I, and my child/ren or ward/s understand the inherent dangers of daily activities and I, and my child/ren or ward/s, also understand that potential injuries include strains, sprains, breaks, cuts, punctures, abrasions, broken limbs and even accidental death. I HEREBY ASSUME THE RISKS OF INJURY, DAMAGE OR LOSS WHICH MY CHILD/REN or WARD/S MAY SUSTAIN AS A RESULT IN PARTICIPATING IN ANY AND ALL ACTIVITIES CONNECTED WITH OR ASSOCIATED WITH DEL CITY YOUTH GROUP TRIP TO WINTERFEST 2018. This release also encompasses and injuries which may be sustained while traveling to and from participation in your program. As a parent I understand it is my responsibility to pick up my son/daughter at the predetermined time. I also understand that if my son/daughter becomes ill or destructive, the above "EMERGENCY CONTACT" will be called to take my son/daughter home.

Parent/Guardian Signature

Date

I hereby wave and release any and all rights and claims for damages which I may have against the Del City Church of Christ, and all their agents, volunteers and employees for any and all injuries which may incur while taking part in your program. This release also encompasses any injuries which may be sustained while traveling to and from participation in your program. I also understand that if I become ill or destructive, the above "EMERGENCY CONTACT" will be called to take me home.

Signature of Participant

Date

2018 MEDICAL RELEASE FORM

This information is to be applied for all function with the Del City Church of Christ Youth Group. If your child has health insurance, please include a copy of the card.

NAME _____

ADDRESS _____

In case of emergency, please contact

Home phone _____ Cell phone _____

Allergies (including drug allergies) _____

Medications or other health information _____

INSURANCE INFORMATION

POLICY HOLDER _____

COMPANY _____

POLICY NUMBER _____

MEDICAL RELEASE

I, _____, give consent to Jonathan Juarez or his designee to authorize any medical treatment deemed necessary by the attending physician for my teen, _____.

Parent's signature

PICTURE RELEASE

Please initial in box if DCCC has your permission to use photos containing your children on the website. (We will not include ANY personal information in conjunction with the photos.)

PLEASE ALSO INCLUDE A COPY OF HEALTH INSURANCE CARD IF POSSIBLE