

NOV 15-17



THE
WEEKEND
2019

\$185

Student Name: _____

School: _____

Grad Year: _____

Cell: _____

T- Shirt: S M L XL 2X

Parent/Guardian Name: _____

Parent/Guardian Cell: _____

Parent/Guardian E-mail:

As parent/guardian of the above student, I give permission for him/her to attend the Campus Life Disney Trip.

Parent/Guardian Signature: _____ Date: _____

Please make checks payable to "DA YFC" (Denver Area Youth for Christ).

Media Release

As parent/guardian of _____ I hereby grant permission to Denver Area Youth for Christ the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of Denver Area Youth for Christ.

Behavioral Agreement

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) DENVER AREA YOUTH FOR CHRIST will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if over 18 years of age): _____