

Future Quest "ADVANCE" 2018

FQ Headquarters 350 B Cypress Ln., El Cajon, CA 92020, 619-442-1467

Registration Form

First & Last Name _____ Circle one: M/F Age _____

Address (mailing) _____ Unit # _____

City _____ State _____ Zip _____ Parent Phone _____

Church (no abbreviations) _____

Grade in Fall 2018 (7th-12th only) _____ School in Fall 2018 _____

Student Email _____

Parent Email _____

Initial box if your child does NOT have permission to receive over-the-counter medications at Future Quest
(All medications are administered by a registered nurse.) Notes: _____

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INITIALS

Does participant have any medical conditions or allergies that we need to be aware of? _____

If so, explain: _____

I do hereby release, forever discharge and agree to hold harmless Foothills Christian Ministries, Inc., the directors, the employees, volunteers and agents thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above described activity, including recreation such as (but not limited to) Paintball, Airsoft, BMX, or Skateboarding, offsite work activities such as (but not limited to) evangelistic outreaches, including for any liability sustained by said acts of said participant, including expenses incurred attendant thereto. I understand my youth will be transported in church commercial vans/buses from 315 W. Bradley to Youth Venture sites and businesses where events occur, including Boomers and Parkway Bowl. Also please note by signing this you are authorizing the possible photographing or videotaping of your child during various events.

Participant Signature: _____ Date: _____, 2018

Emergency Contact Name: _____ Phone: _____

FOR STUDENTS: Parent Signature _____ Date: _____, 2018

Parent First & Last Name: _____ Parent Phone: _____

Mark which option you are registering for:

_____ Three-day conference rate: \$41 (on or before June 4th)

_____ Three-day conference rate: \$48 (after June 4th)

_____ Daily rate: \$20 per day

Total amount due \$ _____

Make checks payable to FCC or Foothills Church

FOR OFFICE USE ONLY:

Today's Date: _____ Person Receiving: _____ Amount Paid: _____ Cash Credit Check#: _____

Sch Req (NEED FORM) _____ YV Sch Req (NEED FORM) _____