



Individual Team Member Registration



Christ For the City International
 up@cfc.org
 P.O. Box 241827 ♦ Omaha, NE 68124
 402-592-8332 ♦ toll free 888-526-7551

This application should be completed by each participant and brought with you when you come.

Please print clearly, using black ink.

TRIP DATE: _____ **Today's Date:** _____

PLUNGE CITY: Omaha Collin County Dallas Des Moines Fort Worth Kansas City

Lincoln Sioux Falls Other: _____

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: () _____ **Work Phone:** () _____

Cell Phone: () _____

E-Mail: _____

Date of Birth: ____/____/____ **Age:** _____ **Grade:** _____ **Gender:** M F

Employer/Occupation: _____

Parents' Name(s) (if under 18): _____

Home Church: _____ **City:** _____ **State:** _____

Youth Pastor: _____ **Senior Pastor:** _____

Have you ever participated in our Urban Plunge before? No Yes

Personal Information:

Describe your relationship with Christ: _____

Describe your interests and hobbies: _____

Emergency Information & Liability Release Form

IN CASE OF EMERGENCY CONTACT:

Name: _____

City: _____ State: _____

Day Time Phone () _____ Evening Phone: () _____

Relationship to Applicant: Parent Spouse Other: _____

LIABILITY RELEASE FORM:

In being accepted and allowed to participate in Christ For the City International (here after CFCI) activities associated with its programs and locations, I assume responsibility for my actions. I release CFCI, its Staff, Trustees, Employees, Missionaries, Agents and the Sponsors of this activity from responsibility or liability for any injury or illness that I may sustain during this activity or any loss, injury or damage to my property. Nothing contained herein shall excuse CFCI, its employees, missionaries or agents from responsibility to act with reasonable care for my safety. In the event of an emergency, I hereby authorize an adult leader of this activity, who is affiliated with CFCI, or an adult leader from my sponsoring organization, as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed, advised, and supervised by a licensed physician, surgeon or dentist. I understand that CFCI does not carry insurance coverage for participants on this short-term mission trip and I accept financial responsibility for any medical costs incurred. I give permission for CFCI to use any photos or videos in which I may appear, or my evaluation comments for the purposes of public relations and/or promotional materials.

Name of Applicant: (Please Print) _____

Signature of Applicant: _____ Date: _____

If participant is under 18 years of age (19 in Nebraska), then the following must ALSO be completed and signed by one parent or a legal guardian:

I give my permission for the above-named minor to participate with Christ For the City International (hereafter CFCI) on the Urban Plunge and agree to all terms listed above.

Name of Natural Parent or Legal Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Revised: 10/4/2012