

Central Maryland Youth for Christ Is Going to Impact

We're staying at

Quality Inn Boardwalk • Boardwalk and 17th Street
1601 Atlantic Avenue • Ocean City, Maryland
410-289-4401 • 800-837-3584



**We are leaving at 3:45 pm from the Park &
Ride near exit 56 off Route 70.**

Our Cost for the event is as follows

Impact	\$ 60	Add \$10 after Feb 20, add \$20 after Mar. 1
Hotel	\$ 35	Two Nights
Transportation	\$ 35	(Most likely a Coach bus based on numbers)
Total	\$130	If you Register by Feb 20th
	\$ 130	If you Register by Mar 1st
	\$ 140	If you Register after Mar 1st

You will also need money for food and any other thing you decide to purchase.

For more information please call Arn Bjorndal at 301-663-0561 Office 301-639-1661 Cell. You may call for any information or discussion on the trip.

Make check payable to

Youth for Christ.

Either Return it in person or send it to

P.O. Box 3944,

Frederick Maryland 21705

Cut along the dotted line. Save the above for your records

Impact 2010-Parental Permission

I give my permission to my son/daughter _____ to go to Impact 2010, March 26-28, 2010 with Central Maryland Youth for Christ, understanding that he/she will participate in activities related to a youth convention, possibly going to the beach, swimming in a hotel pool and participating in other active events. I give my permission to Youth for Christ to transport my son/daughter by car/van or bus to and from events. I also give permission to authorize YFC (Youth for Christ) leaders to authorize any medical care they seem necessary for the safety and protection of my son/daughter during this trip. I give my permission for any photo's/ video's taken, which may include my child, to be used in future promotional materials deemed necessary. I release and hold harmless, Central Maryland Youth for Christ, including but not limited to, subsidiaries, agents, assigns, employees, trustees and/or volunteers, for any loss, damage, theft, injury and any kind of liability whatsoever as a result of these activities. In witness whereof, I the undersigned have voluntarily and knowingly executed this release and hold harmless agreement as my own free act and deed and acknowledge that this agreement shall be binding upon myself, my heirs, assigns, personal representatives, and for all members of my family.

Parent/Guardian Signature

Parent/Guardian Signature

Student Address:

City State Zip

Home Phone Cell Phone

Emergency Contact Person

Emergency Phone #

Please complete opposite Side for Medical Information

Meegan, last year you joined us for Impact 2009. We are expecting an even better and more exciting time with over 4000 students attending and most importantly one of them could be you. Let us know if you are interested in going again. Return the enclosed form for registering and we will have you join us again.

Arn Bjorndal

Student's Name:

Student Medical History:

List Student's known Medical/Physical Restrictions or limitations:

List Student's allergies, including medication allergies or reactions:

List any medications taken or necessary:

Physician & Insurance information

Physician's Name/Practice

Please add details to any questions asked:

Physician's Phone

Insurance Company Name:

Policy #

Group #

Other Information Needed: