



The form below must be completed in entirety and accompanied by the full payment in order to be processed. Make cheques payable to Bethany College. Please note: an original signature of parent/guardian and registrant is required on waiver form. Application deadline is February 4, 2009, 12:00am. Please use email, fax or guaranteed shipping when concerned about meeting deadline date. Application must occur in advance to avoid disappointment. No walk-ins. Note: the campus is closed to all non-registered guests during the weekend. Additional applications are available at [www.bethany.sk.ca](http://www.bethany.sk.ca).

## Youth Advance Application Form (one form per person)

Fill out and send immediately. Applications can be photocopied.

Mail to: "YA" c/o Bethany College Box 160 Hepburn, SK S0K1Z0 Canada or Fax 1.306.947.4229

\_\_\_\_\_ Advancer \_\_\_\_\_ Youth Sponsor/Leader

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Male / Female

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Emergency Contact # (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

T-shirt Size (s) (m) (l) (xl) (xxl) What group are you coming with? \_\_\_\_\_

Were you personally invited by someone to come to Youth Advance? Yes / No if yes who? \_\_\_\_\_

List medical concerns \_\_\_\_\_

List Allergies: \_\_\_\_\_ Health Card # \_\_\_\_\_

### Payment Options

Amount \_\_\_\_\_ \$105 pre- Jan 5, 2009 \_\_\_\_\_ \$130 Jan 6 – Feb 4, 2009 \_\_\_\_\_ \$55 Youth Sponsor/Leader's only

**TYPE OF PAYMENT:** \_\_\_\_\_ Cheque enclosed \_\_\_\_\_ Cash \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Legal Waiver** This release form (waiver) must be completed by all registrants; an unsigned waiver will be denied attendance.

*Understanding that the faculty and staff at Bethany College will act according to their best judgment to ensure the health and safety of all participants, I hereby release Bethany College and all people associated with Youth Advance 2009 from legal liability for any injuries or illnesses involving the registrants while at Youth Advance 2009. I understand that as a participant of Youth Advance 2009, the registrant is expected to conduct him/herself in a manner conducive for Christian fun and spiritual growth. I accept that the leadership of Youth Advance 2009 reserves the right to correct and/or send a registrant home at his/her expense.*

If you are 18 years and under, Parent /Guardian must complete the following: **YES, I agree to the above waiver**

Name of registrant (please print) \_\_\_\_\_ Name of Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor/Registrant over 18, complete the following: **YES, I agree to the above waiver**

Name of Sponsor/Registrant (please print) \_\_\_\_\_

Registrant/sponsor signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I agree to allow my name, photographs and/or quotes from the Youth Advance weekend to be used by Bethany College for  
(initials) future promotional purposes. (Optional)

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