

Arise & Shine

DECEMBER 31 - JANUARY 3

Arise, shine; for thy light is come,
and the glory of the LORD is risen upon thee
Isaiah 60/1

A chance for a new start >>>

Arise & Shine 2011 YOUTH CONFERENCE

日期：2011年12月31日至2012年1月3日 (四天三夜)

地點：Pinecrest Christian Conference Center

費用：\$160(11月28日以前) \$180(11月28日以後)

報名於12月28日截止

Check Title: Harvest Youth Ministry

聯絡電話：(626) 236-7582 (Jerry)

校區報名：College - Adam (626)321-2543
Arcadia HS - Momo (626)271-0593
Temple City HS - Mengying (626)818-2860
Other HS - Lea (626)322-5440
Junior High - Jonathan (626)466-5758

主辦：以馬內利基督教會 豐收青年事奉團隊

Email: arisenshine2011@myhym.org | Website: www.myHYM.org

Arise & Shine 2011 YOUTH CONFERENCE REGISTRATION FORM

青年冬令營報名表

姓名 Name: _____

生日 Birthday: ____年 ____月 ____日

住址 Address: _____

聯絡電話 Contact: _____

E-mail: _____

Hoodie Size: S M L XL 2XL



male female

年齡 Age: _____

所屬學區 School:

- Oak Ave.
 Dana
 First Ave.
 Arcadia High School
 Temple City High School
 Other: _____

介紹人 Referred By:

- Friend
 Parent
 Church Friend
 Flyer / Promotion Video
 Other: _____

緊急聯絡人: _____ 聯絡電話: _____

家長准許聲明 Parent's Consent

I, _____, as the parent/guardian, hereby agree my child, _____ to participate in HYM 2011 Arise & Shine Youth Conference. I agree to take full responsibility of my child's behaviors and actions, and I also authorize the leaders to take any necessary action. I guarantee that my child has no health problem to participate in this event. With full understanding of the risks involved, I release and hold harmless ICCCON/HYM (Harvest Youth Ministry), the participants against which he/she competes, and the campsite of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against ICCCON/HYM because of any accident or mishap involving the participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of ICCCON/HYM. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation.

簽名: _____ 日期: _____

OFFICE USE ONLY

T-Shirt Size: _____

Total \$ _____

Memo: _____

PAID

Check # _____

Receipt # _____

註冊專用

HARVEST
youth ministry

以馬內利基督教會華語青年堂