

# Central Indiana Awakening Sleeper Registration Form

This form must be filled out by the PARTICIPANT also known as the "sleeper"

The Sleeper must be a high school student who has at least completed their freshman year (recent graduates included)

ALL information on all 3 forms must be completed & are required for consideration of placement at an Awakening weekend

Name to Appear on Nametag: \_\_\_\_\_

Sleeper Name: \_\_\_\_\_

Male

Female

Age: \_\_\_\_\_

Birth Date (DD/MM/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Most recent grade completed at time of event (Circle One):	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
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High School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sleeper E-mail: \_\_\_\_\_ T-Shirt Size (Check One):  S  M  L  XL  X Other \_\_\_\_\_

Sleeper Phone: \_\_\_\_\_

Do you attend Church:  Yes  No If yes, name of Church / City: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Has the Awakening been explained to you:  Yes  No

Have you been told you are not to bring tobacco products (this includes vapes), alcohol, drugs or any other items that may be a distraction to them or anyone else at the event:  Yes  No

Has one or more parents/guardians attended a Great Banquet or similar weekend:  Yes  No

Do you have any special Dietary needs:  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any health or physical limitations that may affect your participation in the Awakening:  Yes  No

If yes, please explain: \_\_\_\_\_

Please state briefly why you wish to attend the Awakening:	
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Parent/Guardian Name(s): \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

The above person will be your Emergency Contact during the weekend.

The above person must also complete the PERMISSION / MEDICAL RELEASE FORM.

Sponsor: \_\_\_\_\_ Best phone number: \_\_\_\_\_

**Registration fee:** \$20, and includes all events of the weekend and a T-shirt. Checks should be made out to HCGB.

This form is a reservation request and does not guarantee placement in the next Awakening weekend. You may be placed on a waiting list, as we have a limited number of spaces are available for each weekend. Early reservation requests will be notified of acceptance by e-mail several weeks before the Awakening weekend. Please make sure the e-mail listed is correct and that it is monitored regularly. Detailed information about arrival and housing will be sent with your invitation e-mail. Late requests will be handled as quickly as possible.

**Application submission:** Please give this signed Sleeper Registration Form to your sponsor along with the Permission & Medical Release Form or mail (along with your sponsor's form and \$20 registration fee) to: Central Indiana Awakening, P.O. Box 1204, Noblesville, IN 46061

Sleeper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Central Indiana Awakening Permission & Medical Release Form

**This form must be filled out by the Sleeper's PARENT / GUARDIAN**

ALL information must be completed for consideration of placement at an Awakening weekend

This form must be submitted with the **Registration Form & Sponsor Form**

Your teenager will soon be spending time at the Central Indiana Awakening weekend. We are committed to continuing excellence in safety by maintaining the highest level of assurance for your teenager. The intent of this form is to document that: (1) We know that your teenager has your permission to participate in The Awakening and its related activities; and (2) In the unlikely case of a medical emergency we will be able to provide necessary and appropriate care for your teenager.

Please read the following and provide requested information.

By completing this form, I, the parent / guardian of the named participant:

- Give my permission for my teenager to participate in the Central Indiana Awakening, held at Refuge Christian Church.
- Understand that during this activity each youth is expected to cooperate with the rules and guidelines set forth by the adult leaders. This includes the drug, tobacco & alcohol free expectation.
- Understand that in the event of an emergency, every effort will be made to contact me.
- Understand that in the event of an emergency I give the Central Indiana Awakening leaders, permission to procure all necessary medical treatment for my teenager, and authorize the Central Indiana Awakening adult leaders to act on my behalf in obtaining necessary medical care.
- Release the Central Indiana Awakening, Hamilton County Great Banquet, Refuge Christian Church, as well as all persons acting on behalf of these organizations from liability for any accident or illness during this weekend.

Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Awakening Date(s): \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Parent / Guardian name(s): \_\_\_\_\_

Parent / Guardian phone(s): \_\_\_\_\_

Participants Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any allergies (environmental / food / medicine): \_\_\_\_\_

List any prescription medication your teenager will bring with them including timing and dosage. (Note: prescription medications must be in original bottle): \_\_\_\_\_

Typical over-the-counter medications may be available during the weekend, such as pain relief, upset stomach and allergies. Please list any restrictions on the administration of such medications to your teenager: \_\_\_\_\_

**Application submission: Please give this signed Permission & Medical Release Form to your sponsor along with the Sleeper Registration Form or mail (along with your sponsor's form and \$20 registration fee) to: Central Indiana Awakening, P.O. Box 1204, Noblesville, IN 46061**

Sleeper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All parents/guardians are welcome to attend send off and closing, even if you have not attended a similar weekend.**

# Central Indiana Awakening Sponsor Form

**This form must be filled out by the SPONSOR**

The Sleeper must be a high school student who has at least completed their freshman year (recent graduates included)

A completed **Permission / Medical Release and Sleeper Registration form** is also required for placement

Sleeper Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor E-mail: \_\_\_\_\_

Sponsor Address/City/State/Zip: \_\_\_\_\_

How long have you known the sleeper: \_\_\_\_\_

Please explain any special circumstances the weekend leaders might need to be aware of: \_\_\_\_\_

Does the sleeper have the physical/mental capabilities required to attend the Awakening:  Yes  No

Will you personally bring the sleeper to the Awakening:  Yes  No

Will you explain to the Sleeper the importance of accountability groups following the weekend:  Yes  No

Have you explained to the Sleeper that cell phones and other electronic devices are not allowed on the weekend (Adult leaders will assist with any emergencies.)  Yes  No

Have you explained to the Sleeper that they are not to bring, tobacco products, alcohol, drugs or any other items that may be a distraction to them or anyone else at the event:  Yes  No

Will you attend sponsor's hour:  Yes  No | Candlelight:  Yes  No | Closing:  Yes  No

Sponsoring a Sleeper is both a joy and a responsibility. There are things you must do for your Sleeper before, during, and after the weekend. Remember, the Awakening is not structured to solve deep-seated problems. It is to provide those attending a personal encounter with Jesus Christ.

**Important information: Refuge Christian Church and Central Indiana Awakening is a drug & alcohol free environment. No illegal drugs, alcohol, or tobacco use on the weekend. There is a NO TOLERANCE policy.**

**This Sponsor's Form, a completed Sleeper Registration Form, a signed Permission & Medical Release Form and the \$20 registration fee are all required in order for the Sleeper to be considered for attendance. Please send ALL ITEMS to:**

**Central Indiana Awakening, P.O. Box 1204, Noblesville, IN 46061**

**Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Save the date

## **Your weekend doesn't end on Sunday!**

Please plan to attend the “Fourth Day” meeting on the Tuesday after your weekend.

You won't want to miss it!