

**Youth Strike for Christ**  
**Small Group Leader Application Form**  
**Deadline for registration is Jan 15, 2012**

The Small Group Leader Cost is **FREE!!!** This includes your meals, hotel room and admission to all Youth Strike for Christ 2012 events. *You will be rooming with three other Small Group Leaders during the weekend.*

The small group experience is a critical part of Youth Strike for Christ. As a small group leader you are required to do the following:

- Attend a small group leader orientation on Friday before Youth Strike begins.
- Lead small group sessions using provided lesson plans and materials with 12-14 youth from Friday-Sunday.
- Help with crowd control during large group sessions.
- **Most importantly**, be a good role model for the youth who are attending this event.

If you have questions about being a small group leader, contact Lynnda Risting at [ristings1@iowatelecom.net](mailto:ristings1@iowatelecom.net) or 641-236-7399 or Ashley Risting at [tootsie0013@gmail.com](mailto:tootsie0013@gmail.com) or 717-877-5450.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_  
(home) (work) (cell)

Local Church Name and Town \_\_\_\_\_

If attending College, which College \_\_\_\_\_

If any rooming requests \_\_\_\_\_

**Circle Small Group preference:**

7<sup>th</sup> grade

8<sup>th</sup> grade

9<sup>th</sup> grade

10<sup>th</sup> grade

**Send Complete Application form with Medical release form to:**

YSFC Small Group Leader c/o Lynnda Risting

1816 Spring Street

Grinnell, IA 50112

641-236-7399

Email: [ristings1@iowatelecom.net](mailto:ristings1@iowatelecom.net)

**SMALL GROUP LEADER**  
**YOUTH STRIKE FOR CHRIST 2012 MEDICAL RELEASE FORM**

All Small Group Leaders MUST submit a Medical Release form. If you are also an adult attending with a youth group, you may use a copy of your Adult Medical Release form. You will need to mail the Medical Release form with your Small Group Leader Application to:

YSFC Small Group Leader c/o Lynnda Risting  
1816 Spring Street  
Grinnell, IA 50112

**Medical History:**

Participant's Name \_\_\_\_\_ Address \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Other Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Are you under the care of a physician for a medical problem? \_\_\_ Yes \_\_\_ No

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

Are you taking medication prescribed by a physician? \_\_\_ Yes \_\_\_ No

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

Other information/allergies an attending physician needs to be aware of \_\_\_\_\_

\_\_\_\_\_

There will be a nurse on duty during the event for the weekend.

Vegetarian meal option (check box)  Other meal/allergy need: \_\_\_\_\_

Anyone attending YSFC may be videotaped and or photographed. These pictures will be used during YSFC and/or for future YSFC promotional events or related events for the Iowa Annual Conference of the United Methodist Church.

**Insurance Information:**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of person carrying the insurance \_\_\_\_\_

I give my permission for such diagnostic and therapeutic procedures, as may be deemed necessary by qualified medical care providers, hospitals or physicians while in route to or from or in attendance at Youth Strike for Christ (YSFC).

Participant Signature and Date \_\_\_\_\_