

Youth Strike for Christ, February 5 – 7, 2010
Small Group Leader Application Form
Deadline for registration is Jan 15, 2010

The Small Group Leader Cost is **FREE!!!** This includes your meals, hotel room and admission to all Youth Strike for Christ 2010 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 **MANDATORY** small group leader orientation on Friday, Feb 5, 2010
- Lead small group sessions 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 Melissa West at maw81801@netins.net , phone 319-213-4670.

Name _____ Date of Birth _____

Address _____ Male Female

City _____ State _____ Zip _____

Phone _____ E-mail _____

Local Church Name and Town _____

If attending College, which College _____

Emergency Contact: Name, relationship, address, phone

Small Groups: 7th grade, 8th grade, 9th grade, 10th grade, 11th grade, or 12th grade.

Send Complete Application form with Medical release form to:

YSFC Small Group Leader
c/o Melissa West
1420 Prince Street
Grinnell, IA 50112
319-213-4670
Email: maw81801@netins.net

**SMALL GROUP LEADER
YOUTH STRIKE FOR CHRIST 2010 MEDICAL RELEASE FORM**

Attention Small Group Leaders: Participants MUST submit a release form to participate.

Medical History:

Participant's Name _____ Address _____

Emergency 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 an attending physician needs to be aware of _____

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

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 I am in route to or from or in attendance at Youth Strike for Christ (YSFC).

Participant Signature and Date
