



An urban mission designed to create a disciple-making movement.

REMIX 2017 Application Form I June 28 - July 2 | Toronto

Emergency Information:

This form grants the permission for the treatment of minors when a parent/guardian cannot be contacted, through the unlikely event of accident or illness, every reasonable attempt will be made to reach the parent/guardian listed below.

Emergency Contact:

Relationship to REMIX Participant: _____

Phone #1: _____

Phone #2: _____

Permission & Release I Terms and Conditions

Parental consent is required for all minors. Adult participants need to agree below as well.

I grant permission for my child or me to attend and participate in REMIX. I consent to emergency medical treatment in the unlikely event of accident or illness during the REMIX week. I hereby release the REMIX event staff, their associates, Youth Unlimited (Toronto YFC) its associates/volunteers, the hosting facility and its employees from any and all liability that may result from the participant's involvement in REMIX.

I, and my insurance company, assume full responsibility for the payment of any and all medical costs.

We, the parent/guardian and participant, also give the REMIX event staff the right to use the participant's image in future promotional material.

Parent/Guardian (print name): _____

Parent Guardian Signature: _____

REMIX Participant (print name): _____

REMIX Participant Signature: _____

Today's Date (MM/DD/YYYY): _____

REMIX Rates

Early Bird Rate:	\$399 (April 21, last day)
Regular Rate:	\$425 (May 19, last day)
Late Rate:	\$450 (May 20 - June 28)

REMIX Participant Information

First Name: _____ Last Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Email: _____

Church Name: _____ City: _____

Grade Completed This Year (circle): 8 9 10 11 12

I Am: Female Male Student Adult

Shirt Size: XS S M L XL XXL(+\$5) XXXL(+\$5)

I have the following allergies, special dietary requirements, and health concerns.

I require the following medications on a daily/regular schedule.

Health Insurance Carrier: _____

Health Insurance Policy Number: _____

Ontario Health Insurance Plan (ON residents only): _____

*Please return this form to your group leader.

Follow/Share with us that you signed up for the REMIX Journey



TorontoREMIX
#REMIXinthe6ix