

2019

7TH GRADE

RUSH

THIS SUMMER
JUNE 21

2019

7th Grade Rush

FOR STUDENTS ENTERING 7TH GRADE

RUSH is a 1 day camp to help students grow in God and make new friends! Rush will consist of biblical teachings, small group activities, personal devotions, exciting worship, off campus activities, and so much more!

JUNE 21ST, 2019

COST & DEADLINES(All forms due JUNE 19TH)

\$50(EARLYBIRD RATE DUE BY MAY 26TH)

\$55(REGULAR RATE DUE BY JUNE 19TH)

\$60(AFTER JUNE 19TH)

RUSH SCHEDULE

(drop off & pick up at Calvary Church)

Friday: 9:00am - 6:00pm (lunch included)

Off campus activity included:

Sky Zone

Any questions please call 630-375-8678

As the parent and/or legal guardian of the below mentioned minor, I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that my child may sustain or incur, if any, while attending 7th Grade Rush occurring in or about the Calvary Church premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold, its instructors, or partners or said program or event, individually or otherwise, harmless for any and all claims for injuries or damages. I am fully aware and understand that Calvary Church does not have on or about the church premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services. Therefore, I authorize Calvary Church, its instructors, and agents to request, approve, and establish a plan of care for ordinary or emergency medical treatment for any injury incurred. In consideration of my child's participation in and the use of the Calvary Church property, I hereby release and covenant not to sue Calvary Church, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by Calvary Church.

Parent /Guardian Signature: _____ Date: _____

PARENT INFO

Parent Name: _____

Parent Contact Number (_____) _____ - _____

Parent Email _____

HOW CAN I HELP OUT?

I am interested in helping NXTjhi with events and services. YES/NO

STUDENT INFO

First Name: _____ Last Name: _____

Student Birthdate: ____ / ____ / ____ Gender: M F

Any Medical Conditions / Allergies?: _____

** For EXTREME Food Allergies please contact a NXTjhi Staff Member