

Early Bird and Regular Registration available in advance for this exciting CMA Youth Movement event! Register today to guarantee your spot!

**FIRECRACKER 18** specifically designed for **Students** ages **12-18** and CMA Leaders in Training (LIT) ages 18-25.

Limited Opportunities for Adult Volunteer registration.

**\*\*SAVE \$20!\*\***

**EARLY BIRD REGISTRATION: ONLY \$99**

**DUE: May 1, 2018**

**REGISTRATION: \$119**

**DUE: June 1, 2018**

#### **REGISTRATION STEPS:**

Complete the Individual Registration - Health - Release form for each participant.

Each form requires a signature in the section "RELEASE & AUTHORIZATION FOR MEDICAL ATTENTION" regardless of age in order to attend the event.

Legibility will help ensure your registration is processed smoothly and quickly.

Sorry, **NO EARLY ARRIVALS** permitted at the facility. Registration opens at 3:00 PM on Friday 7/6.

Dorms available after 5:30 PM on Friday 7/6, no exceptions.

#### **REGISTRATION FAQ**

##### **What payment method can be used?**

You can use: check, money order, MasterCard, Visa or Discover. Mailing cash is discouraged.

##### **Can we bring additional individuals that are not yet registered?**

Maybe. Space is limited and on-site registration is not guaranteed.

Contact us before bringing additional attendees. We'll be happy to have you attend if there is space.

Registration forms for minors require a parent/guardian signature and should be completed in advance and brought with students.

##### **Can we purchase T-shirts at the event?**

Only while supplies last as a limited number will be produced. Guarantee your shirt by ordering in advance!

- o Early Bird Registration T-shirt: \$12 (on or by May 1st)

- o Registration T-shirt: \$16 (on or by June 1st)

##### **What does Limited Opportunities for Adult Volunteers mean?**

- o Area Rep YM, Chapter YM Leaders, and Adults bringing groups of students have first priority.

- o LIT's (Leaders in Training) will be given priority to continue to encourage their growth as CMA leaders of the future.

- o With this event having limited space we are unable to accommodate all Adult Volunteers wanting to attend.

- o If you are an adult and would like to volunteer to serve at this event, contact us by 4/1 at [events@cmausa.org](mailto:events@cmausa.org).

- o We will contact those who have expressed interest by 4/7 with a final list of approved adult volunteers.

- o There will be activities planned for adults staying in the area not registered for the event. More information is available upon request for these fun activities and fellowship!

##### **Where is the event?**

Butler Springs Christian Camp & Conference Center, 3701 OH-41, Hillsboro, OH 45133

Driving directions can be found at <http://butlersprings.com/directions>

##### **Can a registration be transferred to someone else?**

Yes if same gender! If not same gender, contact us first to make sure there is space.

Send a completed registration form for the new attendee with a note of who is being replaced.

It is the responsibility of attendees to find a replacement.

Funds can be transferred between participants without a penalty.

##### **Can I cancel if I am unable to attend?**

We're sorry to see you go!

Cancellations can be processed in several ways:

- o Transfer to another attendee. It is your responsibility to find a replacement.

- o Apply towards a CMA donation.

- o Refunded if cancelled by June 12, 2018 for a cancellation fee of \$20.

Contact us at [events@cmausa.org](mailto:events@cmausa.org) to discuss your options for cancellation.

## Individual Registration - Health - Release Form

Name \_\_\_\_\_  
 CMA# \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone/Cell \_\_\_\_\_

### RELEASE & AUTHORIZATION FOR MEDICAL TREATMENT - ALL ATTENDEES MUST PROVIDE SIGNED RELEASE

By signing below, the participant or parent/guardian of their minor participant acknowledges and accepts the risks of physical injury associated with participation. Except for gross negligence on the part of the sponsor, the participant and parent/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant and parent/guardian promise to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant and parent/guardian of the participant agrees to resolve the matter through a mutually acceptable arbitration process. The undersigned participant or parent/guardian also authorizes the Christian Motorcyclists Association Youth Movement Staff to secure medical treatment for me/our my child in case of any illness or accident for which the event director or on-site first aid staff feels medical attention is required. The undersigned participant or parent/guardian also authorizes the Christian Motorcyclists Association Youth Movement Staff to search and seizure for which the event director deems necessary. I waive and release Christian Motorcyclists Association and its principals, organizers, sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my/my child's participation in this event or related activities, even though such a claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. I do also agree to assume responsibility for any property which I/my child knowingly damages. I grant permission to the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

**X**

SIGNATURE REQUIRED (PARENT or GUARDIAN or ATTENDEE if 18 or older)	Relationship	Date
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#### BOTH PARENTS OR GUARDIANS: For ages 17 and under - Print Clearly

Name _____
Address, City, ST, Zip _____
Phone/Cell _____
Name _____
Address, City, ST, Zip _____
Phone/Cell _____

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone/Cell \_\_\_\_\_

### HEALTH INFORMATION

Do you have any ongoing health concerns? YES NO If so, list below:

Will it be necessary for you to take medications during the event? YES NO If so, detail below and send in original packaging:

NOTE: Each student requiring medications during the event will be under the supervision of the event nurse

Medical Insurance: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

### EARLY BIRD REGISTRATION must be received by May 1st. (Check One):

Student \$99 (age 12-18)  LIT \$99 (age 18-25)  Adult Volunteer \$99

T-SHIRT (Circle Size if Purchasing): \$12 S M L XL 2X 3X

### REGISTRATION must be received by June 1st. (On-site Registration not guaranteed) (Check One):

Student \$119 (age 12-18)  LIT \$119 (age 18-25)  Adult Volunteer \$119

T-SHIRT (Circle Size if Purchasing): \$16 S M L XL 2X 3X

PAYMENT TYPE  Check  Discover  MasterCard  Visa Amount Enclosed \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration (mm/yy) \_\_\_\_\_ Code # \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Send completed registration/health/release form and full payment for Early Bird by 5/1 or Regular Registration by 6/1.

Incomplete forms cannot be processed. Please ensure all fields are complete and **release is signed.**

Mail: CMAEvents, PO Box 9, Hatfield, AR 71945

Email: events@cmausa.org

Fax: 870-389-6199

Cancellations by 6/12/2018 are subject to \$20 refund fee. No refunds after 6/12/2018. 870-389-6196 opt. 7