



breakout 2010

registration

june 4-6

copies of all registration materials can be found at:
www.breakout2010.com



parent information sheet

June 4-6

all forms are available at www.breakout2010.com

The Purpose of Breakout 2010

Breakout is a biennial weekend experience which seeks to inspire junior high school students with the knowledge that they can be agents of hope and change in the Kingdom of God; and by doing so, help them to love God and neighbor more fully.

Details

Breakout will take place on the campus and surrounding neighborhoods of North Park University over the weekend of June 4-6. A conference-wide junior high event for the Central Conference of the Evangelical Covenant Church, Breakout is open to all students and their friends in grades 6-8 from Covenant churches across multiple states. The fun begins with check-in Friday night, June 4, when groups will be welcomed to campus and housed in one of the dorms. Students and leaders should expect...

- memorable and fun experiences that will challenge us to see the world through the eyes of Christ
- opportunities to work with our hands and meet some of the needs in our community
- new friends and conversations with students from town and country, urban, and suburban areas of the conference
- powerful worship gatherings that represent a range of cultures and traditions
- a safe, fun, and well-supervised environment for junior high students to be junior high students
- games, great food, a chance to fully experience the city's diversity and North Park University's campus

Vision

Breakout will be: focused on God's mission, accessible, urban, fun, diverse, relational, experiential, Christ-centered, organically led, hands-on, culturally engaged, and worshipful. Breakout will not be: without room for reflection, a camp retreat, too heavily programmed, entertainment-driven, or overly expensive.

How do you register?

To register your youth for Breakout 2010, fill out a student registration form (also available at www.breakout2010.com). Return the completed student registration form with payment of \$85 to your local church (CHECKS PAYABLE TO YOUR CHURCH). Your youth pastor or Breakout contact person will submit your church's forms and a group check to the Central Conference. A limited number of partial scholarships are available - please contact Rev. Debbie Griffith-Samuels at info@centralconf.org with requests.

Schedule

Students should plan to arrive with their youth group on Friday, June 4. Registration begins at 6:00pm, in the lobby of Burgh Hall. The weekend concludes after our final worship gathering on Sunday, June 6, at 11:30am.

What to bring?

Students will be housed in one of the North Park University dormitories, three per room. Bedding is not provided so please plan to bring a sleeping bag & pillow. Students should also be sure to bring: clothes for working and being outside, a pair of closed-toe shoes, towel, and toiletries. Please leave iPods and cell phones at home for the weekend. Controlled substances and weapons of any kind are prohibited - and any violation of this will be cause for sending one home at their own expense.

Questions?

Check out the Breakout website at www.breakout2010.com for additional forms and information or talk to your youth pastor. For other inquiries, you may contact Erik Strom, Breakout 2010 chairperson, at 847.446.4300 x16.



student registration form

june 4-6

all forms are available at www.breakout2010.com

Parent or guardian: complete this form, sign it, and return it with \$85 payment (payable to your church) to your youth pastor or Breakout 2010 contact person at your church. Please print legibly.

STUDENT FIRST NAME _____ LAST NAME _____

GENDER Female Male DATE OF BIRTH ____/____/____ T-SHIRT SIZE _____

CURRENT ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

PARENT MOBILE PHONE _____ EMAIL _____

MEDICAL INSURANCE

INSURANCE COMPANY NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME OF INSURED _____ POLICY # _____

MEDICAL INFORMATION

1. Is your son or daughter currently under the care of a physician for a medical problem? Yes No
2. Is your son or daughter currently taking any medication prescribed by a physician? Yes No
3. Does your son or daughter have any chronic health problems, allergies, or physical/medical limitations? Yes No

If you answered yes to any of these questions, please explain: _____

4. Date of last tetanus ____/____/____ Date of last MMR ____/____/____ Blood Type _____

I authorize the above information:

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

PRINT PARENT OR GUARDIAN NAME _____

STUDENT PLEDGE

I will come ready to have a great experience. I will participate in the experiences of Breakout 2010. I understand that I am a guest on the campus of NPU and will respect it. I will let my counselor know of my whereabouts at all times. I will not bring any controlled substances or electronics with me. I will respect my peers and my counselors. I am willing to open myself to new experiences and cultures with the attitude of a learner. **STUDENT SIGNATURE** _____

PARENT/GUARDIAN RELEASE

I endorse my child's participation in Breakout 2010 and all related events. I trust the staff of Breakout 2010 to care for my child in case of illness, injury, or emergency if I cannot be reached. I will take sole responsibility for all medical costs associated with my child's accident or injury during Breakout 2010. I understand that decisions made on my behalf concerning my child are not the liability of Breakout 2010 staff or church volunteers, the Central Conference, or North Park University.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME _____ EMERGENCY PHONE _____



counselor registration form

June 4-6

all forms are available at www.breakout2010.com

COUNSELOR FIRST NAME _____ LAST NAME _____

GENDER Female Male DATE OF BIRTH ____/____/____ T-SHIRT SIZE _____

CURRENT ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

MOBILE PHONE _____ EMAIL _____

MEDICAL INSURANCE

INSURANCE COMPANY NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME OF INSURED _____ POLICY # _____

MEDICAL INFORMATION

1. Are you under the care of a physician for a medical problem? Yes No

2. Are you taking any medication prescribed by a physician? Yes No

3. Do you have any chronic health problems, allergies, or physical/medical limitations? Yes No

If you answered yes to any of these questions, please explain: _____

4. Date of last tetanus ____/____/____ Date of last MMR ____/____/____ Blood Type _____

I authorize the above information. I trust the staff of Breakout 2010 to care for me in case of illness, injury or emergency when I am unable to respond or consent. I will take sole responsibility for all medical costs associated with my accident or injury during the event. I understand that medical decisions made on my behalf are not the liability of Breakout 2010 staff or volunteers, the Central Conference or North Park University.

COUNSELOR RELEASE SIGNATURE _____ DATE _____

IN EMERGENCY, CONTACT : _____ PHONE _____

COUNSELOR PLEDGE

I will come ready to have a great experience. I will participate in the experiences of Breakout 2010. I will be a careful shepherd and counselor for up to seven students. I have graduated from high school at least one year ago (2009). I testify that I have not been charged or arrested for child abuse. IF YES, EXPLAIN. I will abide by any stated guidelines and have the students' best interest as my first priority. I will respect other counselors and work toward the overall mission of Breakout 2010. I will open myself to new experiences and cultures with the attitude of a learner.

COUNSELOR SIGNATURE _____

PASTOR'S PLEDGE

As pastor of _____ Church I am confident that _____ is fit to be working with junior high students at Breakout 2010, both in terms of faith and integrity. (If you have reservations of any kind, please contact Erik Strom at 847.446.4300 x16.) SENIOR PASTOR'S NAME _____

SENIOR PASTOR'S SIGNATURE _____ DATE _____



group registration form

june 4-6

all forms are available at www.breakout2010.com

BREAKOUT CONTACT FIRST NAME _____ LAST NAME _____

CHURCH _____ CHURCH PHONE _____

CHURCH ADDRESS _____ CONTACT MOBILE PHONE _____

CITY _____ STATE _____ ZIP _____

DATE OF REGISTRATION ____/____/____ (ALL REGISTRATION MATERIALS AND PAYMENT DUE MAY 1)

1. Email Erik Strom (estrom@winnetkacovenant.org) to reserve your church's spot and provide approximate numbers **ASAP**.
2. Make a copy of all registration forms for your files.
3. Use the worksheet to calculate registration fees due along with this form.
4. Cancellation requests must be submitted via email to info@centralconf.org. Repayment of registration fees for cancellations made within two weeks of Breakout 2010 are only honored for medical reasons.
5. Return the Group Registration Form, all Student/Counselor Registration Forms, Housing Registration Form, and payment in full (one check made out to "Central Conference") postmarked by May 1 to:

Central Conference, 4055 West Peterson Avenue, Chicago, IL 60646-6183

ATTN: Debbie Griffith-Samuels, Breakout 2010

TYPE OF REGISTRATION	# OF REGISTRANTS	RATE	SUBTOTAL
STUDENT		x \$85	
COUNSELOR		x \$85	
*Churches must maintain a 1 : 6 student to counselor ratio.			TOTAL:

Questions?

Erik Strom | Winnetka Covenant Church | Breakout 2010 Chair
847.446.4300 x16 | estrom@winnetkacovenant.org | www.breakout2010.com

