

FOOTSTEPS APPLICATION

Footsteps is an outreach of Koinonia of Jamestown & Chautauqua County NY and seeks to provide growth opportunities for teens. This weekend retreat experience demonstrates Christ's Love for each Candidate through the expressed love of the Koinonia Community and the community of Christian youth.

Name: _____ Preferred First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: (_____) _____ Cell phone: (_____) _____
E-mail address: _____
Text Message? _____ Facebook? _____ MySpace? _____
Current grade: _____ Graduation year: _____ Sex: (M / F) Age: _____ Birth Date: _____
School Name: _____ Church : _____
Applicant's Signature: _____ Date: _____
Parent or Guardian's Name (please print) _____
Address & phone if different than above: _____

PARENTAL CONSENT AND MEDICAL RELEASE

I have read this application and do hereby give my child permission to attend the Footsteps weekend. I also give the adult leaders permission to authorize emergency medical treatment for my child in the event that I cannot be reached.

PARENT/GUARDIAN'S SIGNATURE: _____

Medical Insurance Carrier: _____ Group Number: _____

Plan or Policy number: _____

List any medical conditions to which FootSteps staff must be alerted (including allergies, diet restrictions, medications, physical conditions, phobias): _____

Does Footsteps have permission to photograph your child and publish photos on Facebook? Yes No
Parent Signature _____

SPONSORSHIP INFORMATION

Sponsor' Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Sponsor's Phone: (_____) _____ Date: _____

Sponsor's recommendations/considerations: _____

SPONSOR'S SIGNATURE: _____

A donation of \$75 is suggested for this retreat. Please make checks payable to **"FootSteps."** (Scholarships are available upon request.) This application must be signed by student, parent/guardian and sponsor to be considered.

Refund Policy: Refunds may be available for a cancellation up to 10 days before the weekend. After that time, food and materials will have been purchased and no refund will be available except for family and medical emergencies.



Mail applications to: **FOOTSTEPS, P.O. Box 33, Chautauqua, NY 14722**