



Name: _____
First Last Chinese Name

Address: _____
Number Street City

Cell: _____ Sex: Male Female Language Preference: English Chinese Bilingual

Roommate Request: _____

Transportation: Can drive Can drive _____ Passengers Need ride School Grade: _____ Nursery (under age 6)

I. RETREAT COST: Please check the box that applies

	a) 4 – 6 persons per room, shared bathroom; linen not provided.		b) 2 – 4 persons per room, private bathroom; linen provided. Couples and/or families can share a room	
	On or Before 5/5	After 5/5	On or Before 5/5	After 5/5
<input type="checkbox"/> 4 – 12 years old	\$106	\$136	<input type="checkbox"/> 4 -12 years old (must room with parent(s))	\$120 \$150
<input type="checkbox"/> 13 – 17 years old	\$159	\$189	<input type="checkbox"/> 13 – 17 years old (must room with parent(s))	\$179 \$209
<input type="checkbox"/> Adult	\$212	\$242	<input type="checkbox"/> Adult	\$284 \$314

Children Under 4 is free Needs scholarship

Final Deadline for Registration 5/19/19

II. MEDICAL RELEASE FORM / FIELD TRIP PERMISSION SLIP

- All campers must fill out Part A.
- Please fill out Part A & B if your daughter/son is under age of 18 (to be completed by parent / guardian who is not attending the retreat)

Part A: Medical Information Insurer's Name: _____

Medical Insurance: _____ Policy Number: _____

Part B: Youth Name: _____

I give permission for the above named youth to participate in the Church Retreat at Redwood Glen, Loma Mar from 6/6/19 to 6/9/19. I give my permission for the administration of necessary first aid.

Please state allergies and medical problem(s) of person attending:

(1) _____ (2) _____

In case of emergency, please contact: (must be filled out)

Name: _____ Home: _____ Cell: _____
(parent/guardian)

If I (parent/guardian) cannot be reached at the above numbers, please contact the following person: (blood relative)

Name: _____ Relationship: _____ Phone: _____

Part C: For 14 or under whose parents not attending the retreat, please fill out a separate Release Form.

III. DECLARATION: I fully understand that in the event of illness, unexpected incidents/accident, the church will NOT be held responsible, and I release the church, its members, associates and/or their heirs from any and all liabilities.

Signature: _____ Date: _____

Please make checks payable to "CUMC". Please return form and payment to Miranda Wong Received by: _____ Cash Check #: _____

姓名: _____
 姓 Last 名 First 中文名 Chinese Name

地址: _____
 門牌 Number 街名 Street 城市 City

手機: _____ 性別: 男 女 所用語言: 英文 粵語 雙語

我將與以上的人同住一房: _____

交通工具: 自備車輛 可接載 _____ 人 需要接載 學校年級: _____ 托兒所(六歲以下)

I. 退修會費用: 請於通用的格內加“X”

(a) 四至六人一房，共用浴廁，自備被褥。		5/5 或之前	5/5 後	(b) 二至四人一房，私人浴廁，有被褥供給。夫婦或家庭可擁有一房		5/5 或之前	5/5 後
<input type="checkbox"/> 4 - 12 歲	收費	\$ 106	\$ 136	<input type="checkbox"/> 4-12 歲 (必須與父母同住)	收費	\$ 120	\$ 150
<input type="checkbox"/> 13 - 17	收費	\$ 159	\$ 189	<input type="checkbox"/> 13-17 歲 (必須與父母同住)	收費	\$ 190	\$ 220
<input type="checkbox"/> 成人	收費	\$ 212	\$ 242	<input type="checkbox"/> 成人	收費	\$ 284	\$ 314

四歲以下小童 全免 需要教會額外津助

截止日期為五月十九日

II. 營友醫療資料及家長同意書:

- 所有營友必須填寫第一部份
- 十八歲以下又沒有家長或成人部伴入營的營友必須填寫第一部份和第二部份

第一部份：醫療記錄 保險咭上姓名: _____

保險公司: _____ 保險咭號碼: _____

第二部份： 營友姓名: _____

我的子女或上述營友參加美以美會在 6/6/19 至 6/9/19 在 Redwood Glen 舉行的教會退修會。本人同意及授權在上述營友有需要時可接受大會為他所作的醫療。以下是該名營友在接受醫療時要特別留意的地方：

(1) _____ (2) _____

請同時通知本人：(此項必須填寫)

姓名: _____ 電話: (住家) _____ (手機) _____
 家長或監護人

若本人聯絡不上時，請通知下列(親人)

姓名: _____ 關係: _____ 電話: _____

第三部份： 凡十四歲以下沒有家長陪同者，請填寫授權書。

III. 謹此聲明 本人識知教會不負責任何意外責任。如生病或遭遇意外，本人願意放棄追究教會，教會會友，教會友誼會友，教會職員牧師，或其兒孫們的責任。

簽名: _____ 日期: _____