



Name: \_\_\_\_\_  
First Last Chinese Name

Address: \_\_\_\_\_  
Number Street City

Cell: \_\_\_\_\_ Sex:  Male  Female Language Preference:  English  Chinese  Bilingual

Roommate Request: \_\_\_\_\_

Transportation:  Can drive  Can take \_\_\_\_\_ Passengers  Need ride School Grade: \_\_\_\_\_  Nursery (under age 6)

**I. RETREAT COST:** Please check the box that applies:

a) 3 – 5 persons per room, private bathroom; linen not provided.		b) 2 – 4 persons per room, private bathroom; linen provided. Couples and/or families can share a room	
<input type="checkbox"/> 4 – 12 years old (must room with at least one adult)	\$145.50	<input type="checkbox"/> 4 -12 years old (must room with parent(s))	\$157.50
<input type="checkbox"/> > 12 years old	\$291.00	<input type="checkbox"/> > 12 years old	\$315.00
<input type="checkbox"/> Children Under 4 is free <input type="checkbox"/> Needs scholarship		<b>Final Deadline for Registration 7/7/2024</b>	

**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 the 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 Christian Park, Boulder Creek from 8/1/24 to 8/4/24. 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: \_\_\_\_\_