



Winter Youth Retreat 2012
Liability & Medical Release/Registration Form

Make a copy for yourself and mail the ORIGINAL to the Office

Retreat Costs: \$85 if received by Jan. 25th; \$95 after Jan. 25th
Transportation (if needed) additional cost of \$30/person please call our office to make reservations

How to Register

- 1. Pay online at www.abcla.org
2. Check payable to ABCLA/ABCOSH and mail to office

Payment Detail (Please Print)

Registration Fee:
Transportation (add \$30):
Total Amount Enclosed:

For Office Use Only

Check #
Trans ID:
Cash: Rec. by:

Participant Name Age DOB Male Female
Young Adult Youth (under 18) Youth Pastor Adult Volunteer/ Youth Leader
Address City State Zip
Participant email Home Phone H.S. Graduation Year
Church You are Attending with (missions trip n/a)
City/State Group Leader's Name (missions trip n/a)
Health Insurance Company Policy Number
Known Allergies and Reactions Medications Currently Taking
Other Concerns Related to the participants physical condition:

Parents/Legal Guardians Name (with whom you live)

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone Parent(s) email
Person to notify if parent/legal guardian cannot be reached:
Name Relationship Phone

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in the event(s) listed above with the American Baptist Churches of Los Angeles and the American Congregations of the Southwest and Hawaii. The individual identified on this form understands that all participants are expected to abide by the Program rules and be directly responsible to their church leader. The Event Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless American Baptist Church of Los Angeles, American Congregations of the Southwest and Hawaii and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the American Baptist Churches of Los Angeles. I also release the lessor/owner of properties on which the Program is held. I agree to pay for any damages or property loss as determined by American Baptist Churches of Los Angeles, American Baptist Congregations of the Southwest and Hawaii or the event officials, including any keys not returned at the time of group check out.

Further, I do authorize the minister or sponsor of this activity or any American Baptist Churches of Los Angeles staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above
Printed Name of Parent/Legal Guardian Date
Signature of the Parent/Legal Guardian