

YOUNG ADULT SUMMIT

REGISTRATION 2011

Name _____
Church _____ District _____
Address _____ City _____ State ____ Zip _____
E-mail _____ T-Shirt Size: S M L XL XXL
Home Phone (____) _____ Cell Phone (____) _____
Birthdate ____/____/____
Gender Male Female
Food/Drug Allergies _____
 Vegetarian
I am a...
 Young Adult Participant (Age 18-35) Group Leader

Preferred Roommate(s) : List up to 3, same gender

* rooms will be assigned to 4 people, special requests will be subject to room availability and additional charges.

Coupon Code

Pastor's Signature

Name: _____

Signature: _____

MEDICAL & LIABILITY RELEASE FORM

I _____ do hereby authorize any adult leader of SUMMIT sponsored by the California-Pacific Annual Conference of the United Methodist Church to consent to my medical care including x-ray examination, anesthetic, medical, or surgical diagnoses or treatment and hospital care, under the general or special supervision of, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practices Act. I further agree to release and hold harmless and indemnify the California-Pacific Annual Conference of The United Methodist Church, SUMMIT, and the SUMMIT Event Staff, and their boards, officers, members, clergy, staff, agents, and volunteers from any and all claims, losses, costs, obligations, and liabilities for injuries to self or for damages to or loss of property from any alleged negligence, fault or legal liability of the California-Pacific Annual Conference of The United Methodist Church, SUMMIT, and the SUMMIT Event Staff, and their boards, officers, members, clergy, staff, agents and volunteers. This authorization shall be effective January 15-17, 2011 inclusive. A photocopy or other reproduction of this authorization shall be considered as original. I hereby authorize SUMMIT to take photos and videos during the event which may later be used for marketing and promotional purposes within the bounds of the California-Pacific Annual Conference. (If you would not like your image appearing in any of these materials, please request in writing to: Cal-Pac Young People c/o Erin Foellmi, PO BOX 6006, Pasadena, CA 91102, or by email: youngpeople@cal-pac.org)

Signature _____
Emergency Contact: _____
Medical Insurance Carrier: _____

Date _____
Phone #:(____) _____
Policy #: _____