



share

Shantytown &  
Youth Day 2011

June 17th- 18th  
University of Redlands, CA

SHANTYTOWN overnight cost: \$30 per person  
Youth Day only cost: \$15 per person

YOUTH DAY REGISTRATION FORM (ONE PER YOUTH)  
PRINT ONLY IN CAPS

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_  
CHAPERONE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ LOCAL CHURCH: \_\_\_\_\_

\_\_\_\_\_  
PASTOR'S SIGNATURE

\_\_\_\_\_  
YOUTH'S SIGNATURE

PLEASE MAKE CHECKS PAYABLE TO: CAL-PAC ANNUAL CONFERENCE  
MAIL REGISTRATION & MEDICAL RELEASE FORMS TO: ERIN FOELLM, PO BOX 6006, PASADENA, CA 91102-6006

Authorization of Consent to Treatment of a Minor

I, the undersigned parent or guardian of \_\_\_\_\_ [Name of Youth] a minor, do hereby authorize pursuant to Family Code Section 6910 any adult leader of Youth Day sponsored by the California-Pacific Annual Conference of The United Methodist Church as agent for the undersigned to consent to 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, YOUTH DAY/ SHANTYTOWN, and the YOUTH DAY/ SHANTYTOWN Design Team, and their boards, officers, members, clergy, staff, agents, and volunteers from any and all claims, losses, costs, obligations, and liabilities for injuries to said minor 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, YOUTH DAY, and the YOUTH DAY/ SHANTYTOWN Design Team, and their boards, officers, members, clergy, staff, agents and volunteers. This authorization shall be effective June 17-18, 2011 inclusive. A photocopy or other reproduction of this authorization shall be considered as original. I hereby authorize Youth Day/ Shantytown 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 child 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](mailto:youngpeople@cal-pac.org))

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_