

# spirit quest

adult registration 2012

Name \_\_\_\_\_

Church \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

T-Shirt Size:  S  M  L  XL  XXL

Gender  Male  Female

Food/Drug Allergies \_\_\_\_\_

Vegetarian

I am a...

Youth Leader (Age 19+)  Chaperone (Age 19+)

Coupon Code

## Pastor's Signature

My signature on this form indicates that all persons attending as a chaperone for our church are aged 19 or older and have had the appropriate background check as recommended by the Cal-Pac Annual Conference Insurance through Accurate Background, Intellicorp and/or the California Department of Justice, Bureau of Criminal Identification.

I also affirm that ALL PARTICIPANTS attending from our church are CURRENTLY in 6th-8th grade.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## medical and liability release form

I \_\_\_\_\_ do hereby authorize any adult leader of SPIRIT QUEST 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, SPIRIT QUEST, and the SPIRIT QUEST 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, SPIRIT QUEST, and the SPIRIT QUEST Event Staff, and their boards, officers, members, clergy, staff, agents and volunteers. This authorization shall be effective April 20-22, 2012 inclusive. A photocopy or other reproduction of this authorization shall be considered as original. I hereby authorize SPIRIT QUEST 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](mailto:youngpeople@cal-pac.org))

Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #:(\_\_\_\_) \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_