

Spirit Quest 2010

registration (Please Print Clearly)

Name: _____ Gender (circle): M / F Age _____ Grade _____
Address: _____ City _____ Zip _____
Birth Date: ___/___/____ Vegetarian Meals? Y/N Food/Drug Allergies _____
Local Church _____ District _____
Are you currently in Confirmation? Y / N

Attending Spirit Quest 2010 as a (Circle One): Youth Chaperone Youth Leader Staff

Please Note

For every 7 registered Youth there MUST be at least one registered adult at least 19 years of age. If you are a Youth, please list your chaperone(s) below.

Chaperone(s) _____

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 required by the Cal-Pac Annual Conference Insurance. I also affirm that all Youth attending from our church are CURRENTLY in grades 6-8.

Name: _____ Signature: _____

MEDICAL RELEASE

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 Spirit Quest 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, SPIRIT QUEST, and the SPIRIT QUEST 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, SPIRIT QUEST, the SPIRIT QUEST Design Team, and their boards, officers, members, clergy, staff, agents and volunteers. This authorization shall be effective April 23-25, 2010 inclusive. A photocopy or other reproduction of this authorization shall be considered as original.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact: _____ Phone #: _____

Medical Insurance Carrier: _____ Policy #: _____

