

registration form

Date Submitted: ____/____/____

Personal and Family Information:

Name: _____

Gender (circle one): M / F

Phone: _____

Street Address: _____

City, Zip Code: _____

Email: _____

Birthday: ____/____/____

Ministry (circle one): FiCB / FiCS / MCG / YAG / Other

If other, specify: _____

If applicable, year in school: ____

Do you attend a small group bible study (circle one)? Y / N

If yes, small group leader name: _____

Children names & birthdays (only those attending retreat):

Child 1 name: _____

Child 1 birthday: ____/____/____

Child 2 name: _____

Child 2 birthday: ____/____/____

Child 3 name: _____

Child 3 birthday: ____/____/____

Registration Fees:

Prices (includes five meals)	Reg (Oct 18)	Late (Nov 1)
Children 4 and under:	Free	Free
Children 4-9:	\$50	\$65
Students:	\$95	\$110
Adults:	\$135	\$150
Deluxe (1st come, 1st serve):	\$175	\$190

Payment method (circle one) PayPal / cash / check

Payment amount (circle one): Student / adult / deluxe

For married couples with or without children, the total payment amount is the sum of the prices for each attendee. Married couples with children will receive their own cabin. Married couples without children may be split up into single gender cabins, if necessary. If available, they may receive their own cabin on a first come, first serve basis.

Transportation:

Retreat Site: Boulder Creek, CA (South of San Jose)

Arrive: Friday, November 13, 6:00 pm - 7:30 pm

Depart: Sunday, November 15, 2:00 pm

What city will you be leaving from? _____

Can you drive to the retreat site (circle one)? Y / N

If yes, how many people (including yourself)? _____

Early / Late arrival to the retreat site (circle one)? Y / N

If yes, indicate expected arrival time.

If you need to leave the retreat early, please email Deacon Tommy at tommyelee7@yahoo.com

Seminar Preferences:

Pick three, and rank in order of preference (1-3, where 1 is most preferred). Leave other seminar choices blank.

___ Have Spiritual Gifts ceased?

___ The Reality of Spiritual Warfare

___ Missions and outreach: Depending on God in order to serve His Kingdom

___ Spiritual Depression: Finding Joy in the Christian Life

___ TransPARENT: Walk the Talk

___ The Crucial Importance of Revival

___ Perspective on Serving

___ The Trinity



kepc em fall retreat : november 13-15, 2009

the holy spirit

another helper

medical and liability release form

Date Submitted: ____/____/____

Event: KCPC EM Fall Retreat 2009
Location: Boulder Creek, CA
Dates: November 13-15, 2009

Emergency Contact Information:

Your Phone: (____) _____ - _____

Emergency Name: _____

Emergency Phone: _____

Doctor Name: _____

Doctor Phone: _____

Health History:

(Please indicate health history for **YOURSELF** and **ALL CHILDREN**.)

Allergies:

Dietary Restrictions/Considerations:

Other Medical Conditions:

If you listed any allergies or medical conditions, please give details (include any normal treatment of allergic reactions):

Name and dosage of any medications that must be taken or have been taken in the past month:

Medical Coverage Information:

Policy Provider: _____

Policy Holder: _____

Policy Number: _____

Medical and Liability Release:

1. In consideration for being accepted and allowed to participate in this event and activities associated with its program and location, I personally assume responsibility for my actions and the actions of all children listed on this form, and release Korean Central Presbyterian Church (hereafter KCPC), its trustees, employees and agents from loss, injury or damage to myself or my property as well as the children listed on this form and their property; provided that nothing contained herein shall excuse KCPC, its trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property as well as the children listed on this form or their property.

2. I give permission to KCPC to obtain medical assistance in the event of an emergency for myself and the children listed on this form. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge KCPC, its trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.

3. I understand that KCPC has a hostage policy that states that KCPC should not yield to demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion.

4. I give permission to KCPC to photograph, record, and/or videotape me and/or the children listed on this form and to allow this material to be used for publicity.

5. If I am under age 18 (**if you are, check here** ___), I state that I am a mature minor of college age and living away from parent/guardian) and have the capacity to consent to the terms of this Release.

6. Any claim or dispute arising from or related to this release shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text of the Rules is available at www.HisPeace.org), subject to provisions of federal, State and local law governing arbitration, including, but not limited to jurisdiction and allocation and payment of costs. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. These methods shall be the sole remedy for any controversy or claim arising out of this release and I expressly waive my right to file a lawsuit in any civil court against KCPC for such disputes, except to enforce an arbitration decision. I certify that I am competent to sign this Release, and have done so voluntarily.

By signing below, I accept and agree with all the terms of this Release, expressed and implied. If under 18 years old, parent/ guardian approval is required and signature indicates parental/guardian acceptance of and agreement with all terms of this Release, expressed and implied, on behalf of the minor.

Print Name: _____

If applicable, all child names for whom waiver also applies:

Signature: _____

Date: ____/____/____