



REGISTRATION FORM

Faith Celebration Fellowship - Student Ministry
8200 Coldwater Canyon Avenue, North Hollywood, CA 91605

PARTICIPANT INFORMATION:

Name: _____ Dates of Program: August 20-22, 2010

Address: _____ Phone #: (_____) _____

City: _____ State: _____ Zip: _____ Email Address: _____

T-shirt Size: Small Medium Large XL 2X Age: _____ Grade Level: _____
(Please specify: Adult/Kid Size)

EMERGENCY CONTACTS AND INFORMATION:

Parent/Guardian Name: _____ Phone: _____ Relationship: _____

Alternate Contact: _____ Phone: _____ Relationship: _____

Primary Care Physician: _____ Insurance Carrier: _____

PAYMENT METHOD:

Registration Fee: \$35 (Includes shirt, most meals, and other materials). If not attending ALL weekend, \$12/per person, per day of attendance. Family member with a 4th member & up is \$5 off per person. **Make checks payable to: FCF**

CASH CHECK # _____ Date Paid: _____

Amount Paid: _____ Received By: _____

WAIVER AND LIABILITY:

ASSUMPTION OF RESPONSIBILITY >> I AGREE to assume full responsibility for the applicant's actions during their participation in the program and their consequences, and including without limitation, any injury to the applicant and/or property or any inconvenience resulting therefrom or from any other circumstance related to such actions. I, the applicant, AGREE to follow the event rules as recorded in the Activities Booklet and communicated to me verbally by the FCF Staff.

COVENANT OF GOOD FAITH >> I AGREE that FCF has the right to refuse any applicant it judges to be incapable of meeting the rigors and requirements of participating in these activities. I AGREE that any decision made by the staff of FCF will be binding upon the applicant. FCF reserves the right to dismiss any applicant (at their own expense) who through their actions or in-action, influences or causes an event which is harmful to the best interests of themselves or others.

PERMISSION FOR PARTICIPATION, TRANSPORTATION, AND PROMOTION >> I GRANT PERMISSION for the applicant to engage in all FCF activities and to be transported by an FCF staff member who is a legally licensed driver on all activities sponsored by FCF, on and off the event property for the duration of the sessions. I GIVE PERMISSION for FCF to use images of the applicant taken while at camp/retreat and quotations from evaluations, letters or interviews relating to the program experience for promotion and commercial purposes.

WAIVER OF LIABILITY >> I HEREBY RELEASE and agree to INDEMNIFY, DEFEND AND HOLD HARMLESS Faith Celebration Fellowship from any and all liability, claims, losses, costs, expenses (including without limitation, attorney fees) or demands (except those arising from the gross negligence or willful misconduct of the aforementioned parties) that I, my heirs, executors, administrators, assignees, distributees, personal or legal representatives and all members of my family, may now have or in the future make against such parties as a result of or related to any injury, loss, death or damage of any kind whatsoever resulting from the applicant's participation in this program or from any driving mishap that may occur during transportation.

ACCEPTANCE SIGNATURE >> I/WWE HAVE READ, UNDERSTOOD AND ACCEPTED the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the applicant hereafter.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (if under 18 years): _____ DATE: _____