

Catapult 2016 Winter Retreat (2.12-15.16) Registration Form

Departure Time: 6:00pm Friday (2.12.16)

Arrival Time: 4:00pm Monday (2.15.16)

Student(s) Name:	Grade:	Gender:
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Emergency Name:

Relationship to Student:

Emergency Contact Number:

Home: () _____ - _____

Cell: () _____ - _____

Work: () _____ - _____

Cost: ___ \$160 (1 student) ___ \$300 (2 siblings) ___ \$420 (3 siblings)

Payment: ___ Check ___ Cash

Please make checks out to: Living Hope Community Church
Memo: Catapult Retreat (Student's Name)

Shirt Size:	Student 1:	___ Small	___ Medium	___ Large	___ X-Large	___ XX-Large
	Student 2:	___ Small	___ Medium	___ Large	___ X-Large	___ XX-Large
	Student 3:	___ Small	___ Medium	___ Large	___ X-Large	___ XX-Large

Allergies/Dietary Restrictions:

Please list any allergies or diet restrictions below. If vegetarian, please indicate what types of non-vegetables he/she is able to eat (fish, shellfish, eggs, etc):

I _____ (parent or guardian) understand that my student is expected to leave behind any of these items that would prove to be a distraction throughout the retreat. If they are brought, I understand that the staff reserves the right to confiscate the item for the duration of the retreat and may be returned directly and only to the parent.

I also understand that should my student behave in any way that the staff deems disrespectful or harmful to other students or to the staff, that they will be dismissed from the retreat and must be picked up at the parent's inconvenience.

Date

Parent or Guardian's Name

Parent or Guardian's Signature

* **For emergencies contact:** Chris Li 310.819.5608

**Living Hope Community Church
PARENTAL AUTHORIZATION AND TREATMENT OF MINOR**

_____ (HEREIN "PARENT") _____ (HEREIN "PARENT")

_____ (HEREIN "MINOR") LIVING HOPE COMMUNITY CHURCH (HEREIN "DESIGNATED AGENT")

The above-named parent of the Minor has entrusted the Minor into the care of Designated Agent, while the Minor participates in an activity sponsored by the Designated Agent, and for the welfare of the Minor.

The Parent does hereby authorize the Designated Agent to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act or of the State or Country in which the medical care is being sought and on the medical staff of any hospital; or to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the California Dental Practice Act or the laws of the State or Country in which the dental care is being sought.

It is understood that this authorization is given in advance of any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on part of the Agent to give specific consent to any and all such examinations, anesthetic, medical or surgical diagnosis, treatment, or hospital care which the aforementioned surgeon physician, and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The Parent hereby authorizes any hospital, which has provided treatment to the Minor, to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to Section 1283 (a) of the Health and Safety Code of California, and similar provisions of the laws of the state or country in which the medical or dental care is being provided. This authorization is given pursuant of the provisions of Section 25.8 of the Civil Code of California and similar provisions of the laws of the state or country in which the medical or dental care is being sought. The parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent under this authorization.

These authorizations shall remain effective one year from the date of signature, unless sooner revoked in writing to said Agent.

CIVIL CODE OF CALIFORNIA, SECTION 25.8

Either parent if both have legal custody, or the parent having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon under the provisions of the Medical Practice Act or to consent to an X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provision of the Dental Practice Act.

HEALTH & SAFETY CODE, SECTION 1283 (a)

No health facility shall surrender the physical custody of a minor under 16 years of age unless such a surrender is authorized in writing by the child's parent or the person having legal custody of the child.

(Date)

(Parent or Guardian Signature)

Medical Information

Insurance Company _____

Policy Number _____

Group Number _____

Claim Office Address _____

Number _____

Employer Name & Address _____

Special medical conditions of Minor (diabetes, allergic reactions, medications currently using):

Pediatrician's Name _____ Number _____

Address _____

Release Form

I, the Parent or Guardian of _____ give my permission for participation in the programs/events of Living Hope Community Church. I understand these programs/events occur both on Living Hope Community Church campus as well as other locations off campus.

I hereby remise, release and forever discharge Living Hope Community Church, its employees, agents, servants, and all other persons, firms corporations whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any Accident Insurance furnished by Living Hope Community Church for such programs/events.

I acknowledge that I am responsible for any and all medical expenses of the above noted minor while participating in all programs/events, and agree to hold harmless Living Hope Community Church of any and all liability that may arise out of such participation.

(Date)

(Parent or Guardian Signature)

(Relationship to Minor)

Address _____

Telephone (Home) _____ (Cell) _____

Minor Date of Birth _____