

Name _____ Cal-Pac West Jurisdiction Other

Church _____ District _____

Address _____ City _____ State ____ Zip _____

E-mail _____

Home Phone (____) _____ Cell Phone (____) _____

Birthdate ____/____/____

Gender Male Female

Food/Drug Allergies _____
 Vegetarian

I am a...
 Young Adult Participant (Age 18-25) Youth Leader Chaperone (Age 26+) Event Staff

Pastor's Signature

My signature on this form indicates that all persons attending as a chaperone for our church are aged 26 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 age 14-25.

Name: _____ Signature: _____

MEDICAL & LIABILITY RELEASE FORM

I _____ do hereby authorize any adult leader of SPANGLISH 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, SPANGLISH, and the SPANGLISH 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, SPANGLISH, and the SPANGLISH Event Staff, and their boards, officers, members, clergy, staff, agents and volunteers. This authorization shall be effective November 12-14, 2010 inclusive. A photocopy or other reproduction of this authorization shall be considered as original. I hereby authorize SPANGLISH 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)

Signature _____

Date _____

Emergency Contact: _____

Phone #:(____) _____

Medical Insurance Carrier: _____

Policy #: _____