

Name \_\_\_\_\_  Cal-Pac  West Jurisdiction  Other

Church \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade \_\_\_\_\_

Gender  Male  Female

Food/Drug Allergies \_\_\_\_\_  
 Vegetarian

I am a...  
 Youth Participant (9th-12th grade)  Event Staff Youth (9th-12th grade)

### 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, the undersigned parent or guardian of \_\_\_\_\_ [Name of Youth] a minor, do hereby authorize pursuant to Family Code Section 6910 any adult leader of SPANGLISH 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, 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 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, SPANGLISH, 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 child 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](mailto:youngpeople@cal-pac.org))

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_