

## 2022 Cantonese Family & Adult Retreat Registration

Adult: Name \_\_\_\_\_ Gender Relationship Age Fee

M / F

1. \_\_\_\_\_, \_\_\_\_\_  /  \_\_\_\_\_ 19-30  31-50  51-64  65+  \$ \_\_\_\_\_

Last First

2. \_\_\_\_\_, \_\_\_\_\_  /  \_\_\_\_\_ 19-30  31-50  51-64  65+  \$ \_\_\_\_\_

**\*Adult(s) above must have legal guardianship of the children. Please submit Food Allergy form for each child.**

Children: Name Gender Relationship Age & Grade (as of June 15)

M / F

1. \_\_\_\_\_, \_\_\_\_\_  /  \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_ \$ \_\_\_\_\_

Last First

2. \_\_\_\_\_, \_\_\_\_\_  /  \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_, \_\_\_\_\_  /  \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_ \$ \_\_\_\_\_

**Youth Training/ Planning Lunch \$6 per person** \$ \_\_\_\_\_

Fri. Check-in Arrival time: \_\_\_\_\_ (Dinner is from 5:45-6:45 pm.) TOTAL \$ \_\_\_\_\_

Sat. Check-in Arrival time: \_\_\_\_\_ **\*\*\*\*\* Family Worship on Friday Night at 7:00pm\*\*\*\*\***

Room Arrangement Preference:  
 1) Stay with family/relatives;  2) Stay with same age-group, OR  
 3) Request roommate. Name of roommate \_\_\_\_\_

Total Received : \$ \_\_\_\_\_ (Ck# \_\_\_\_\_)  
 \$ \_\_\_\_\_ (Cash) Initial \_\_\_\_\_

Address \_\_\_\_\_

City : \_\_\_\_\_

Contact Phone (Adult 1) : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address (Adult 1) : \_\_\_\_\_

Contact Phone (Adult 2) : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address (Adult 2) : \_\_\_\_\_

SS Teacher : \_\_\_\_\_

Fellowship Group : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Fee (3 Days, 2 Nights) Fri. to Sun.**

	Early Bird	Regular	Late
<b>Adult</b> age 19+	\$135	\$145	\$155
<b>*Grade 7<sup>th</sup> &amp; up</b>	\$135	\$145	\$155
<b>Child</b> Grade 6 & under	\$50	\$60	\$70

**(3 yr old & under, may consider bringing your own cot/playpen)**

\* Fee will be refunded upon completion of childcare training & service and proportionate to performance & attendance.

# Health Information & Emergency Medical Authorization for Minors

	Adult 1	Adult 2	Child 1	Child 2	Child 3
Name:	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>
Insurance Company:	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>
Policy #:	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>	<hr style="border: 1px solid green;"/>

Health information: Do you have any of the following? (Check  ONLY if answer is YES, and fill in your name)

	Yes	Yes	Yes	Yes	Yes
Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose, or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent colds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach Upsets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<hr style="border: 1px solid green;"/>				

List all allergies and/or allergic reactions: (Camper Name 

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List all current medications: (Camper Name 

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List all allergies and/or allergic reactions: (Camper Name 

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List all current medications: (Camper Name 

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Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the person(s) in charge permission to act on my behalf to secure medical services or hospitalization deemed necessary and appropriate by the physician. I absolve The First Chinese Baptist Church of Los Angeles, its personnel, and its corporate officers, from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. Any cost incurred shall be my sole responsibility.

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 Parent/Guardian Signature for Minors                      

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 Relationship to Camper                      

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 Date

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 Contact Phone Number                      

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 Address                      

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 City