



## 4<sup>th</sup>-5<sup>th</sup> Grade Winter Camp 2019 Forest Home Registration Form

Parent Full Name (First & Last): \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Parent's Cell Phone Number: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Cost: \$195.00 (Payment must be received to reserve spot. Check made to: Coastline Church.)

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Friends also attending: \_\_\_\_\_

Anything else you'd like us to know: \_\_\_\_\_

\_\_\_\_\_

I understand this payment is nonrefundable unless another student can take the place of my student's spot.      \_\_\_\_\_ I agree.      \_\_\_\_\_ I disagree.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After child's spot has been reserved (liability form & full payment received), a link to the Forest Home site will be emailed to complete your child's camp registration.

**Assumption of Risk, Waiver, and Release of Liability**

In order to participate in ministry, outreach, and other activities of Coastline Church and Coastline Legacy, Inc. (together, “Coastline”), I agree to the following for myself, my family members listed below, and our heirs and representatives (collectively, “we” or “our”).

We are voluntarily participating in the activities. We understand the activities are potentially dangerous and may involve risks of physical, mental, emotional, economic, and other loss, injury, or damage (including death). We accept and assume all such risks, whether or not foreseeable. We acknowledge that participation may include travel to and from the activities, which may be at the Coastline facilities or at other locations. As a courtesy, Coastline may act as a host organization offering transportation, but we understand we have the right to provide our own transportation.

Unless caused by the willful misconduct of Coastline and/or its officers, directors, employees, and agents (collectively, the “Released Parties”), we forever and fully release, hold harmless, and waive the right to sue Coastline and the Released Parties from any and all known and unknown claims, causes of action, damages, suits, liabilities, losses, costs and expenses (including attorney fees), even if caused by the negligence of Coastline and/or the Released Parties. This document is intended to be as broad and inclusive as permitted by California law. If any portion is held invalid, the balance will continue in full force and effect.

Coastline has permission to copy, publish, and use our picture and likeness in print media, marketing, broadcast media, social media and other websites for any lawful Coastline purpose. We waive the right to inspect or approve the finished product where our likeness appears and waive any right to royalties or other compensation related to the use of any picture.

I have read and understand the terms of this document and understand that by signing below, we give up important rights. I intend this document to be a complete and unconditional release of liability to the greatest extent allowed by law.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Names and Ages of Minor Children\***

\_\_\_\_\_  
\_\_\_\_\_

\* If your child(ren) will be under the supervision of Coastline Church, you also need to complete the Medical Information and Authorization for Minor (1 per child).

\_\_\_\_\_  
**FULL NAME OF MINOR**

\_\_\_\_\_  
**DATE**

**Medical Information and Authorization for Minor**

Please print legibly and describe the nature and severity of any medical condition of the minor that Coastline Church and Coastline Legacy, Inc. (together, "Coastline") should be aware of. If there are none, please write "none". If there is any change to this information in the future, you are required to complete a new form.

Describe any allergies \_\_\_\_\_  
\_\_\_\_\_

Describe any medical conditions \_\_\_\_\_  
\_\_\_\_\_

Describe any medications that should be taken, including doses \_\_\_\_\_  
\_\_\_\_\_

Describe any restrictions and reasons why your child's activities should be restricted \_\_\_\_\_  
\_\_\_\_\_

I am the parent or guardian of the minor named above and I authorize Coastline, as my agent, to consent to any x-ray examination, anesthetic, medical, dental, or surgical treatment, and hospital care which is deemed advisable by and is rendered under supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act. I agree that Coastline is not responsible for costs and expenses incurred for medical care.

**Parent/Guardian Signature** \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**In Case of Emergency Contact** (Different from Parent/Guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_