

**Official Use Only**

Registration# \_\_\_\_\_ Check# \_\_\_\_\_ Amt Deposit \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Name of Recipient \_\_\_\_\_

**Chinese Christian Church of Baltimore 2015 Summer Retreat Registration Form  
Day Registration Form**

**Skycroft retreat center, 14-16 Aug 2015 ( Fri-Sun )**

Please List All Attendees In One Family (One form per household) (age 4 and under MUST stay with parents)						Deposit <sup>1</sup>	Please Choose Corresponding day		
	Name	Member?	Gender	Age	T-Shirt Size (Child and Adult)	(Fee) <sup>2</sup>	Fri	Sat	Sun
1					CS/CM/CL/S/M/L/XL				
2					CS/CM/CL/S/M/L/XL				
3					CS/CM/CL/S/M/L/XL				
4					CS/CM/CL/S/M/L/XL				
5					CS/CM/CL/S/M/L/XL				

- Deposit:** For CCCB members & families: \$30/person (four years old and up) , Check Payable to CCCB, please mark "Retreat deposit" on it. The deposit will be returned after attending the retreat, no shows or plan changes **after July 26, 2015** will void the refund.
- Fee:** Non-member is required to pay the cost: **\$30/person/day** (four years old and up) . Check Payable to CCCB, please mark "Retreat Fee" on it. July 26 is the last day for cancellation of non-member attendee.

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Specify any special health needs/medication: \_\_\_\_\_

Do you need a ride? \_\_\_ Yes \_\_\_ No I can give rides to \_\_\_\_\_ passengers.

Amount paid for (Deposit) (Fee) (choose one) \$ \_\_\_\_\_, Check No. \_\_\_\_\_

**Waiver of Liability**

**Head of Family/single adult must sign. Participants under 18 years of age not accompanied by a parent must obtain parental signature.**

By my signature below, I, the undersigned adult or, if applicable, as the **Head of Family** on behalf of all the registrants named above (Registrants), release the Chinese Christian Church of Baltimore, Skycroft Retreat Center and the leadership or volunteers thereof from all liability, claims, or demands due to personal injury, sickness or death that may occur while attending the church Retreat or participating in any activities related to the Retreat. I agree to pay for any property damages and expenses in any nature whatsoever caused by me or aforementioned Registrants while attending the Retreat or participating in any activities related to the Retreat.

As the **Parent or Guardian of the minor** registrant(s) named above who will not be accompanied by me, by my signature below I give permission for the Registrant(s) to participate in the church Retreat and release the Chinese Christian Church of Baltimore, Skycroft Retreat Center and the leadership or volunteers thereof from all liability, claims, or demands due to personal injury, sickness or death that may occur while attending the church Retreat or participating in any activities related to the Retreat. I agree to pay for any property damages and expenses in any nature whatsoever caused by the aforementioned Registrants while attending the Retreat or participating in any activities related to the Retreat.

(Circle one) Adult/Head of Family/Parent's Signature: (Sign) \_\_\_\_\_ (Print) \_\_\_\_\_ Date: \_\_\_\_\_