

BIGFOOT *09

REGISTRATION FORM

THEME: **" JUMP!"**

WHEN: Hop on the bus at CFCC Hayward (22416 Meekland Ave in Hayward) at **4 PM Fri, May 22**. We'll be back **5 PM Mon, May 25, 2009**.

WHERE: Silver Creek Conference Grounds, Tuolumne, CA (about 3 hours out of the Bay Area)

COST: **General Registration: \$130** (for 4 days/3 nights!)
If 2+ go from your immediate family: \$110 each
Make checks payable to: CFCC Hayward

1st time going to a BIGFOOT camp? Yes No
Have you been to church before? Yes No
Are you a Christian? Yes No I'm Not Sure

Name: _____ Amt Paid: \$ _____

Grade: _____ Phone Number: _____

Address: _____

E-Mail: _____

Diet Restrictions: _____

DEADLINE to register is Sunday, May 10! Space is seriously limited...

PARENTAL PERMISSION & LIABILITY RELEASE FORM

I give my son/daughter (PRINT NAME) _____
permission to take part in the Footprints! Christian Youth Group –

(PROGRAM) BIGFOOT YOUTH CAMP on (DATE) May 22-25, 2009.

In the event that he or she is injured while participating, I do hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any licensed medical staff member under the provisions of the Medicine Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis or treatment required, but is given to provide authority and power to render care that the aforementioned physician, in his or her best judgment, may deem advisable.

It is understood that the effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I understand the nature of this event and do hereby release Chinese For Christ Church of Hayward and any of its professional or volunteer staff from any liability for accidents or injury sustained by my child in conjunction with this event.

Print Name of Parent or Guardian

Emergency Phone Number

Signature of Parent of Guardian

Dated

Health Insurance Company

Policy Number