

Redeemer Bible Fellowship
2018 High School Winter Retreat Registration
February 16-18, 2018 (Friday-Sunday)

Name _____ Boy Girl

School _____ Grade _____

Address _____

City _____ Zip _____

Phone _____ E-Mail _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Additional Options

Staying 1 Night Only? Fri Sat

Need Financial Assistance?

Location: Hidden Villa Hostel
26870 Moody Road
Los Altos Hills, CA 94022
(650) 949-8650



Fee: \$100 until January 14
\$110 from January 15-28

NOTE: REGISTRATION CLOSING ON JANUARY 28. SPACE IS VERY LIMITED SO REGISTRATION WILL BE ACCEPTED ON A FIRST COME, FIRST SERVED BASIS. ONCE WE REACH OUR LIMIT, WE CAN'T GUARANTEE A SPOT.

Make checks payable to "CCIC-MV", with "Youth Retreat" on the memo line

Schedule: Departure Time from Church - Friday at 7:00 PM
Arrival Time to Church - Sunday at 12:30 PM

Packing List: Bible, pen, notebook, twin-sized fitted sheet & flat sheet (hostel provides pillow, pillow case, comforter; **no sleeping bags allowed** or extra bedding besides sheets as cabins are heated and extra blankets are available), toiletries, towel, jacket, flashlight, sandals, comfortable walking shoes, and extra change in case you need to use pay phone as cell phones generally do not work at Hidden Villa

Contacts: Alethia Yu: (650) 248-4651
Daniel Chan: (650) 422-8472

Redeemer Bible Fellowship
2018 High School Winter Retreat Liability Release and Medical Information

Liability Release

I hereby give permission to my child, _____, to participate on the High School Winter Retreat to Hidden Villa Hostel in Los Altos Hills from February 16-18, 2018.

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize Chinese Church in Christ, Mountain View to procure medical or hospital care for my child in the event of injury or illness. I understand and agree that I am financially responsible for any care so procured.

I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED BY MY CHILD PARTICIPATING IN THE ABOVE ACTIVITIES.

I agree that I hereby hold harmless and waive any and all claims against Chinese Church in Christ, Mountain View and its authorized personnel including its staff, volunteers, and drivers for any accident, bodily or personal injury, damage to or loss or theft of any property, illness, or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorneys' and consultants' fee and disbursements, which arise out of joining the aforementioned, sponsored by Chinese Church in Christ, Mountain View.

I further state that **I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND AM SIGNING THIS RELEASE AS AN ACT OF MY OWN FREE WILL.** This is a legally binding agreement, which I have read and understand.

Parent or Legal Guardian Signature

Parent or Legal Guardian Name

Date

Medical Information

Healthcare Provider:

Healthcare ID#:

Doctor's Name:

Doctor's Phone Number:

Emergency Contact Name:

Emergency Contact Relation:

Emergency Contact Phone Number:

Known Medical Conditions:

Current Medications:

Allergies: