

Community of Christ

Canada East Mission

RETREAT ENROLMENT FORM FOR ADULTS

We are delighted that you have chosen to attend this event. Before completing the rest of the enrollment form, please take a minute to read the following statement which summarizes our commitment to protect the personal information you share with us.

Privacy Policy

- We respect your privacy. We protect your personal information and adhere to all legislation requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on activities that we sponsor, including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts.
- If at any time you wish to be removed from any of these contacts you can do so by phoning 888-411-7537, or via e-mail dar@communityofchrist.ca and we will gladly accommodate your request.
- I have read the privacy policy of the Community of Christ and understand that the information I provide will not be shared with any outside party as outlined above.

I have read the privacy policy of the Community of Christ and understand that the information.		
	Acknowledgement of above statement	Signature

NOTE:

To register for the event, fill out this form electronically (signatures not required at this point) and “click” the **SEND** button – located on [page 3] of this document. This action will “officially” register you for the event.

Saving your details: You can also save the document and all details you have entered by jumping to [page 3] and clicking the “Save File As” button.

NEXT STEP: Print this document and **sign** all pages where indicated. The now **signed** copy of this document **must be sent to the Event Registrar following the options below.**

Submission Options:

- 1) Print, sign and scan all documents, then send the digital document package to the Event Registrar
- 2) Print, sign and Mail/Post the signed document package to the Event Registrar
- 3) Print, sign and bring the signed document package **with you to the event**

Canada East Mission

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Event Attending		Dates	
Location			

Applicants' General Information			
Name			
Address			
Postal Code	Province/State		Country
Email Address			
Phone		Mobile	

EMERGENCY CONTACT/NOTIFICATION INFORMATION			
Name			
Address			
Postal Code	Province/State		Country
Relationship to Camper			
Phone		Mobile	
Name			
Address			
Postal Code	Province/State		Country
Relationship to Camper			
Phone		Mobile	

Release and Waiver of Liability

IN CONSIDERATION of Community of Christ accepting my enrolment I agree to this Release and Waiver of Liability.

- I understand that attendance at retreats involves certain risks and dangers, not all of which can be listed here. Amongst the more obvious and frequent are: hazards in connection with movement about camp and over uneven terrain; hazards in connection with camp sports activities; hazards in connection with travel to and from camp; and hazards in connection with the use of camp buildings and facilities.
- I am not relying on any oral or written statements made by Community of Christ or by anyone representing it, whether such representations are contained in brochures or media form or in individual conversations, to lead me to become involved in the camp programme for which I have applied on any basis other than my assumption of the risks and dangers involved.
- I personally accept all risks and dangers and the possibility of death, personal injury, property damage and loss resulting from my attendance at camp. The risk is accepted for any cause whatsoever on the part of Community of Christ or its employees, agents or representatives.
- I confirm that I have read over this agreement before signing, that I understand it, that I am signing it of my own will and accord and that it will be binding not only on me, but also on my heirs, my next of kin, and my estate trustees.
- I agree that the laws of the Province of Ontario govern this contract and that any legal concerns will be handled in the courts of that Province.

Signature		Date	
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PHOTO RELEASE

For and in consideration of the undersigned's participation in an activity sponsored by the Community of Christ, I, _____, hereby give my consent and authorize the Community of Christ, its successors, heirs, legal representatives, assigns and agents to use and reproduce my name, voice and/or likeness (photographic, illustrative, audio or video tape, film, electronic and/or digital image), and circulate and use the same for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

Signature		Date	
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RETREAT ENROLMENT FORM FOR ADULTS

Medical Information

Medical Information for			
The following questions are for informational purposes only and are confidential. This information is required to help ensure that your health, safety and, if required, effective medical treatment are given correctly.			
Allergy to foods, medications (if none, so state)			
Are you currently under a physician's care for any acute or chronic medical condition?	Yes		No
If yes, please explain			
Do you carry Non-prescription medication on your person? (if none, so state)	Yes		No/None
Medication(s) and purpose			
Do you require <i>prescription</i> medication? (if none, so state)	Yes		No/None
Medication(s) and purpose			
Physician			
Phone Number			
Health Card Number			
<small>Original Health card is required. If original Health Card is not shown at time of treatment additional non-refundable charges may be applied.</small>			
<i>Out of country health information</i>			
Health Insurance Provider			
Phone Number			
Policy Holder's Name			
Address			
Group Number		Policy Number	
Other Information			

Permission for Medical Treatment

I authorize any necessary medical treatment for myself. I also guarantee payment of all charges incurred during this medical treatment. (Physician, hospital, x-ray, lab, medicines, ambulance, other)

Signature		Date	
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Please select one of the following below for Registration and completion of the forms.