

Federal Way Mission Church

405 S. 312th St. Federal Way, WA 98023 Tel: 253 326 7800

Youth Winter Retreat– *Lakeview Retreat Center*– 4005 S 360th St, Auburn, WA 98001

Going to 6th Grade to 12th Grade DECEMBER 27–29,2022

REGISTRATION FORM

(One per Child)

Child's Name _____ Age: _____ Gender: _____ M _____ F _____

Date of Birth _____ Grade 2022 (학년): _____

Parent/Legal Guardian: _____

Address _____ Telephone: _____

Child's Allergies (especially food allergies): _____

Other Helpful Information (illness, Medication, activity restriction), etc. _____

Emergency Contact Person: _____ Telephone _____

Relationship to child: _____

Activity Consent Form and Liability Waiver

Medical Treatment & Liability Waiver 1. If at any time medical treatment is necessary for my child, I give consent for treatment to be given. I understand that every effort will be made to contact parent/guardian prior to emergency treatment. 2. I understand that Federal Way Mission Church will provide necessary and appropriate supervision of my child. I give my approval for my child's participation in all activities of the Youth Winter Retreat and assume all risks and hazards incidental to such participation and do waive, release, absolve, indemnify and agree to hold harmless Federal Way Mission Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, or sickness as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child while involved in the children/youth activities.

Photo Release Permission 1. I give my permission for the Federal Way Mission Church Youth Winter Retreat to use my child/children's picture for the missionary purposes and the website of Federal Way Mission Church

Registration Information 1. Federal Way Mission Church Youth Winter Retreat reserves the right to discharge a child at any time without refund if there is a suspicion of bullying, abuse or misconduct.

Date: _____ *Parents Print Name* _____

Signature(s) _____

REGISTRATION FEE: \$75/Child

Check Number _____ Cash _____