CFC-Youth True North Conference

Registration Form

WHEN:
July 18 – 20, 2014

WHERE:
University of British Columbia
6081 University Blvd
Vancouver, BC V6T1Z1

DEADLINE:
June 1, 2014

PERSONAL INFORMATION

LAST NAME, FIRST NAME	AGE	GENDER (CIRCLE) Male /Female

ADDRESS, CITY	PROVINCE/STATE	POSTAL/ZIP

COUNTRY	HOME PHONE #	CELL PHONE #

DESIRED NAME ON ID	HEALTH CARE CARD #

AREA	CHAPTER/PROGRAM

TRAVEL INFORMATION

Your registration, complete travel details and itinerary should be coursed through your area conference coordinator alongside with your payment(s).

MODE OF TRAVEL (PLANE, BUS, DRIVE) & YOUR ITINERARY IE: AC102	

ARRIVAL	DEPARTURE

INDICATE IF YOU REQUIRE HOSTING ONE DAY BEFORE/AFTER TNC OR BOTH

EMERGENCY INFORMATION

In case of EMERGENCY please provide the following.

EMERGENCY CONTACT PERSON	RELATIONSHIP

TELEPHONE 1	TELEPHONE 2

WOULD YOU LIKE TO AVAIL OF THE GLUTEN FREE FOOD OPTION FOR THOSE WITH ALLERGIES AND SPECIAL DIET? (CIRCLE) YES NO

REGISTRATION FEE

$200

Sorry no sibling discount

PAYMENT INSTRUCTIONS:
Please submit payments to your respective Area Conference Coordinator. Checks should be payable to:

Couples for Christ Ontario Inc.

PERMISSION FOR PUBLICITY

On occasion, CFC-Youth takes photographs or makes an audio or video recording of children and/or adults involved in church/youth activities. I consent to the use of any such photographs, or audio or video recordings of the individual named above to be used, distributed or displayed as agents of CFC-Youth see fit (ex.: CFC-Youth websites, blog, youth newsletter, etc...)

Do you give us permission for publicity? (circle) YES / NO

RELEASE OF LIABILITY

I acknowledge that there are certain risks involved in said activities. I release CFC-Youth, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for me, and to administer first aid if deemed necessary. I further agree to indemnify and hold harmless CFC-Youth and its affiliates, volunteers, and employees of any and all claims arising from my participations.

I, the parent/legal guardian am in full agreement with this waiver of liability.

Name of Participant: _____

Signature of Parent/Legal Guardian: _____ Date:_____