

EVENT REGISTRATION FORM

(Please print clearly.)

PARTICIPANT'S NAME (Last, First, M.I.)		DATE OF BIRTH (mo. / day / year)	SEX <input type="checkbox"/> M <input type="checkbox"/> F
PARENT/GUARDIAN'S NAME		HOME PHONE	CELL PHONE
HOME ADDRESS (Street/Apt) (City) (Zip Code)			
MAILING ADDRESS (if different from above) (Street/Apt) (City) (Zip Code)			
EMAIL ADDRESS		PARISH / CHURCH	

DESCRIPTION OF EVENT

Type/Name of event: Young Adult Ministry Retreat: "Who Am I?"
Date of event: Friday, January 25, 2013 – Sunday, January 27, 2013
Time of Event: 6:00 PM (Friday arrival) / 11:00 AM (Sunday departure)
Destination of event: St. Anthony Retreat Center (Kalihi Valley)
Cost of event: Free

**Registrants who fail to show up at the retreat may be asked to reimburse Our Lady of Sorrows Church in the amount of \$50.00*

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment.		
NAME OF EMERGENCY CONTACT PERSON	RELATIONSHIP	PHONE
FAMILY DOCTOR / OFFICE		PHONE
HEALTH INSURANCE PROVIDER	POLICY NUMBER	
SIGNATURE		DATE

I, _____, agree on behalf of myself, my heirs, assigns, executors, and
(Name of Participant)
 personal representatives, to hold harmless and defend Our Lady of Sorrows Church, Diocese of Honolulu, its officers, directors, agents, employees, or representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my participation in this event.

Signature: _____ **Date:** _____

Print Name: _____