



45800 Calvin Crest Road, Oakhurst, CA 93644 phone: (559) 683-4450 fax: (559) 683-7118

2017 Women's Retreat Registration Form

Name (First and Last) _____

Name for name tag if other than above _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Birthdate _____ Email _____

Church Name _____ City _____

Emergency Contact and Relationship _____

Primary Phone _____ Secondary Phone _____

Health Information

Please attach a note with any special concerns. Please notify camp if you are exposed to any communicable disease during the two weeks prior to camp attendance. All prescription and non-prescription medications, including vitamins, are kept with you; you are responsible for your own medications and basic first aid.

Dietary Needs: Y N

If yes, explain: _____

We can accommodate most vegetarian, gluten free, and/or dairy free diets.

Food/Drug /Other Allergies: Y N

If yes, explain: _____

Medical Concerns/Activity Restrictions: Y N

If yes, explain: _____

Medical Insurance Company Name: _____

Policy #: _____

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Calvin Crest Conferences (hereinafter, "Calvin Crest"), offers an array of camp and conference services and facilities. While Calvin Crest strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural and rustic setting of Calvin Crest. By signing below, I attest that I have fully disclosed all known health conditions that may affect Participant's participation in the Calvin Crest camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of physician's examination, within six months of the scheduled conference or camp. I acknowledge that Calvin Crest shall not be responsible for personal belongings or money that is lost or stolen during a camp or conference. In the event of medical emergency, I hereby give permission to Calvin Crest (and physicians/nurses/staff/volunteers selected by Calvin Crest) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and or camp activities, both on and off Calvin Crest grounds, except as otherwise noted on the conference or camp application. I also give Calvin Crest permission to use Participant's photo or video recording in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Calvin Crest, or on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Calvin Crest, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I hold a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM NEGLIGENT ACTS OR FAILURES TO ACT BY CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS. The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.**

Signature (PARENT or GUADIAN if under 18) _____

Print Name _____ Date _____

Women's Retreat

April 28-30th, 2017

Please Check Preferred Choice

Prices are per person and include a \$75 non-refundable deposit (lodging guests) or \$30 non-refundable deposit (non-lodging guests).

Cedar Lodge Room **\$190**

Do you request a first floor room?

YES NO

Do you request a room with disability access?

YES NO

Mountain View Cabin **\$140**

Do you request a cabin with disability access?

YES NO

Day Only Participant **\$80**

Includes 3 meals, 2 chapels, and all activities

Lodging Options

Cedar Lodge: Our hotel-style lodge has 22 rooms with private baths. Each room sleeps 3 guests. Bed and bath linens are provided. Single occupancy not available.

Mountain View Cabins: Mountain View has 12 cabins with 22 carpeted cabin-suites. Each suite has two bunk beds and a private bath. Doors between the suites can be opened or closed depending on preference. Minimum occupancy per suite is 2 guests. Our newest cabins have disability access and have four bunk beds per cabin. Guests provide their own bed and bath linens. Single occupancy not available.

Payment Information

A non-refundable deposit of \$75 (lodging) or \$30 (non-lodging) is required with event registration.

Please enclose **check** or **credit card** information

Payment Amount

NR Deposit Full Other _____

We accept Visa, Mastercard and Discover

Name _____

Card # _____

Exp Date month _____ year _____

Billing Address _____

Cardholder Signature _____

Roommate Request

Please complete roommate requests below.

If left blank, a roommate will be assigned from our registered participants.

First Roommate Request _____

Second Roommate Request _____

Check-In is on Friday, April 28th from 4-6pm with dinner served at 6pm. The retreat concludes at noon on Sunday after morning chapel and brunch.