



Summer Gathering Registration Form

Headwaters Mission Center Gathering Ministries Event



Event Year _____

This Year's Summer Gathering (Reunion) will be held at
The Association Retreat Center

Contact Information

Main Contact (must be over 18yrs old): _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Contact Phone Number: _____

Contact Email: _____

Members of your Group/Family

First Name	Last Name	17 and Under		Check Days Attending
		Age	Grade	
				All S Su M T W Th F
				All S Su M T W Th F
				All S Su M T W Th F
				All S Su M T W Th F
				All S Su M T W Th F
				All S Su M T W Th F

Lodging Information

(Note: There are enough accommodations for everyone! So you won't need to haul a camper trailer to stay in, however, if you prefer to camp there are limited camping sites available for use)

Association Retreat Center accommodations I need handicap accessible accommodations

Bringing own (there are limited camping sites available)

Motorhome/large-trailer

Pop-up style trailer

Tent

Release and Consent

Please read each of the following Release and Consent Statements before signing below.

Photo Release

In consideration of the right to participate in this event, I/We give consent to and authorize the taking of photographs or videotapes in which the applicant(s) may appear. I/We waive all right of privacy in and to any said photographs or videotapes.

Liability Release

I/We have read the information on this form and filled in the requested information to the best of my/our knowledge. I understand that it is my responsibility to inform the Headwaters Mission Center if this information changes. I hereby release the Headwaters Mission Center from any liability as a result of my/our participation in programs sponsored by the Headwaters Mission Center.

Either parents or guardian must sign. If parents are separated or divorced, the custodial parent must sign. **Only applicant must sign if 21 years of age or older. I/we have read and consent to the releases specified in this registration form

Parent/Guardian Signature/Applicant** _____ Date _____

Parent/Guardian Signature/Applicant** _____ Date _____



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Temporary Guardianship Authorization for Care of Minor Event: Headwater Mission Center Summer Gathering (Reunion)

Parental Permission (for under 18 attending without a parent/guardian)

My son/daughter, listed above, has my permission to attend the Summer Gathering (Reunion). My child understands and agrees to abide by event rules. The adult(s) listed below have agreed to be responsible for my child(ren) during the Summer Gathering (Reunion).

Adult: _____ Adult _____

The following form MUST be fill out and sign for children (under 18) attending without parent or guardian.

I, the undersigned parent(s)/guardian(s), _____,
Parent(s) or Guardian(s) Name

of _____,
Address City State Zip

hereby grant _____, of
Name of Caretaker

_____,
Address City State Zip

the authority to take temporary care of the following child(ren):

This grant of temporary authority shall begin on _____, and shall remain effective
Beginning Date
through _____.
Ending Date

The above named Caretaker(s) shall have the power to:

- seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits
- authorize medical treatment or medical procedures in an emergency situation

Dated: _____

Signature of Parent(s) or Guardian(s) Print Name

Signature of Parent(s) or Guardian(s) Print Name

Home Phone: _____

Work Phone: _____ Hours: _____

Work Phone: _____ Hours: _____

Emergency Contact:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____