

**New England Mission Center USA
2018 Reunion Registration**

Please indicate the Reunion you will be attending: a separate form must be completed for each reunion.

__ NEMC Reunion #1 (Brooksville, ME ~ July 7, 2018 – July 13, 2018)

__ NEMC Reunion #2 (Onset, MA ~ July 21, 2018 – July 27, 2018)

Adults:

	Name:	Age (Young Adults):	Congregation:	Priesthood Office:
1.				
2.				
3.				
4.				

Children:

	Name:	Age:	Grade Completed:	Congregation:	Relationship to Adult: (ie child; grandchild; guest; etc**)
1.					
2.					
3.					
4.					

Mailing Address:					
City:		State:		Zip Code:	
Email:				Cell/Primary Phone #:	

Housing Needs:	
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Food Allergies / Medical Issues / Other Special Diets or Needs (please use Early Registration):

Adult Class Book: __ x \$17ea = \$_____. (BOOKS MUST BE PRE-PAID by **JUNE 17, 2018**)

Early Registration: \$10 per person (Deadlines: Brooksville: June 10th; Onset: June 24th)

Registration: \$20 per person (Brooksville: After June 11th; Onset: After June 25th)

All Fees payable to **Community of Christ** (sacrificial Offering taken during the week)

Send your completed Registration Form, Medical & Liability Form(s) and Fee(s) to:**

Brooksville Reunion: Pam Gray, 261 14th Street, Bangor, ME 04401-4453 naneeum@live.com

Onset Reunion: Charlotte Brousseau, PO Box 1717, Sagamore Beach, MA 02562
billandcharlotte@comcast.net

****Each Registrant/Family/Guest MUST have completed, signed and attached the applicable Medical & Liability Form.**



Community of Christ

2018 NEMC REUNION MEDICAL & LIABILITY REGISTRATION FORM

Please indicate the Reunion you will be attending:

___ NEMC Reunion #1 (*Brooksville, ME ~ July 7, 2018 – July 13, 2018*)

___ NEMC Reunion #2 (*Onset, MA ~ July 21, 2018 – July 27, 2018*)

Participant's Name: _____ Date of Birth: _____

Participant Information:

Mailing Address: _____

Cell Ph: _____ Email Address: _____

Special Needs or Requests: _____

Parent/Legal Guardian:

Name: _____ Home Ph: _____ Work Ph: _____

Cell Ph: _____ Email Address: _____

Parent/Legal Guardian:

Name: _____ Home Ph: _____ Work Ph: _____

Cell Ph: _____ Email Address: _____

Emergency Contact:

Name: _____ Home Ph: _____ Work Ph: _____

Cell Ph: _____ Email Address: _____

Other Persons Authorized by Parent/Guardian to transport Participant home upon conclusion of Event:

Name: _____ Relationship: _____ Cell Ph: _____

MEDICAL HISTORY—Please circle YES or NO and explain any “YES” answer

YES NO Are you/Is Participant allergic to any foods, latex, medications, etc.? _____

YES NO Are you/Is Participant presently under a physician’s care for any acute/chronic medical condition? _____

YES NO Are you/Is Participant currently taking any medications? _____

Please list all mental health and/or physical conditions, if any. _____

YES NO Have you/Has Participant recently been exposed to a contagious disease or illness? If yes, please describe.

YES NO Do you/Does Participant have any special dietary needs? _____

Family Physician: _____ Phone: _____

**Please attach a photocopy of front and back of current health insurance card that covers you/the Participant.
Release and Consent**

Please read each of the following Release and Consent Statements and sign this registration form. Your signature indicates your consent.

Consent to Medical Treatment

As the Participant, or if Participant is not of legal age to consent in the jurisdiction where the Activity is being held, as the parent or legal guardian of the Participant listed on this form, I give permission to Community of Christ to transport the Participant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. Community of Christ personnel may administer prescription medication as needed during the Event, and I agree that if the Participant has an illness on the day the Event begins that could be harmful to him/her or to others, he/she will not be allowed to begin the Event.

Consent to Participate in Event Activities

As the Participant, or as parent/guardian of the Participant, I do for myself and on behalf of the Participant, if Participant is not of legal age to consent in the jurisdiction where the Activity is being held, specifically consent to the participation in all activities offered at the Event. Any activities to which I do not consent are listed here: _

Waiver and Release of Liability to the Church

Participant, or as parent/guardian of the Participant if Participant is not of legal age to consent in the jurisdiction where the Activity is being held, hereby releases and agrees to hold harmless Community of Christ and its affiliated organizations, staff, volunteers, participants, and employees, from claims, liability, expenses, and damages (including attorneys' fees and court costs) for personal injury, sickness or death, based on ordinary negligence, as well as property damage and expenses of any nature which may be incurred by the parent/guardian or the Participant occurring while Participant is participating in the Event or arising thereafter.

Participant or their guardian also agrees to hold harmless and indemnify Community of Christ and its affiliated organizations, staff, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of Participant during the Event, including expenses incurred under such claims.

Photo Release

Participant, or as parent/guardian of the Participant if Participant is not of legal age to consent in the jurisdiction where the Activity is being held, hereby gives consent to and authorizes the taking of photographic, audio or video recordings in which the Participant may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by **Community of Christ** for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

Event Rules

Possession of fireworks, firearms, fixed or switched blade knives (except under supervision by Event staff), any other weapons, alcohol, tobacco products, marijuana, illegal drugs or other controlled substances or their imitations are strictly forbidden. Additional Event Rules are attached and incorporated by reference to this agreement.

STATEMENT OF CONSENT AND RELEASE

I, the undersigned, have read and consent to the rules, guidelines and releases specified in this form.

I have read, understand, and agree to abide by the Event Rules.

Participant

Parent/Legal Guardian, if Participant is not of legal age to consent in the jurisdiction where the activity is being held