



**Registración Retiro Congregacional /**  
**Campamento Familiar**

Nombre: \_\_\_\_\_ Edad: \_\_\_\_ Tarjeta de salud # \_\_\_\_\_  
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Nombre: \_\_\_\_\_ Edad: \_\_\_\_ Tarjeta de salud # \_\_\_\_\_

Dirección: \_\_\_\_\_ Apto. # \_\_\_\_\_  
Ciudad: \_\_\_\_\_ Provincia \_\_\_\_\_ Código Postal \_\_\_\_\_  
Teléfono: (\_\_\_\_) \_\_\_\_\_ Cel. (\_\_\_\_) \_\_\_\_\_

**Información de Salud:**

Condiciones médicas, alergias y/o Tratamiento

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Doctor de Familia \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_



## Disclaimer

We are aware that during any trip that we are voluntarily participating in under the arrangements of Templo Nueva Vida and its leaders, that certain risks and dangers exist while traveling in Canada, and wilderness areas in any country or territory that include the possibility of property damage, bodily injury and death. There is a risk of tropical or communicable diseases, food related illnesses, the potential for personal injury and property damage or delay by forces of nature, and accidents during travel while on automobile.

I understand that such risks cannot be eliminated without jeopardizing the essential qualities of this trip. I have and do hereby assume all risks, and hereby release Templo Nueva Vida and its leaders, and will hold them harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature, howsoever caused.

We/I have read and agree with this disclaimer.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FIELD TRIP CONSENT FORM

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Event/Field Trip: \_\_\_\_\_ Type of Field Trip \_\_\_\_\_

Destination: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Return \_\_\_\_\_

Mode of Transportation to & from Event: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for \_\_\_\_\_ to participate in the Program. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the church of any medical or other conditions which may affect my child's participation in the Program.

In the event that my child requires medical attention, I consent to my child being transported and treated to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date