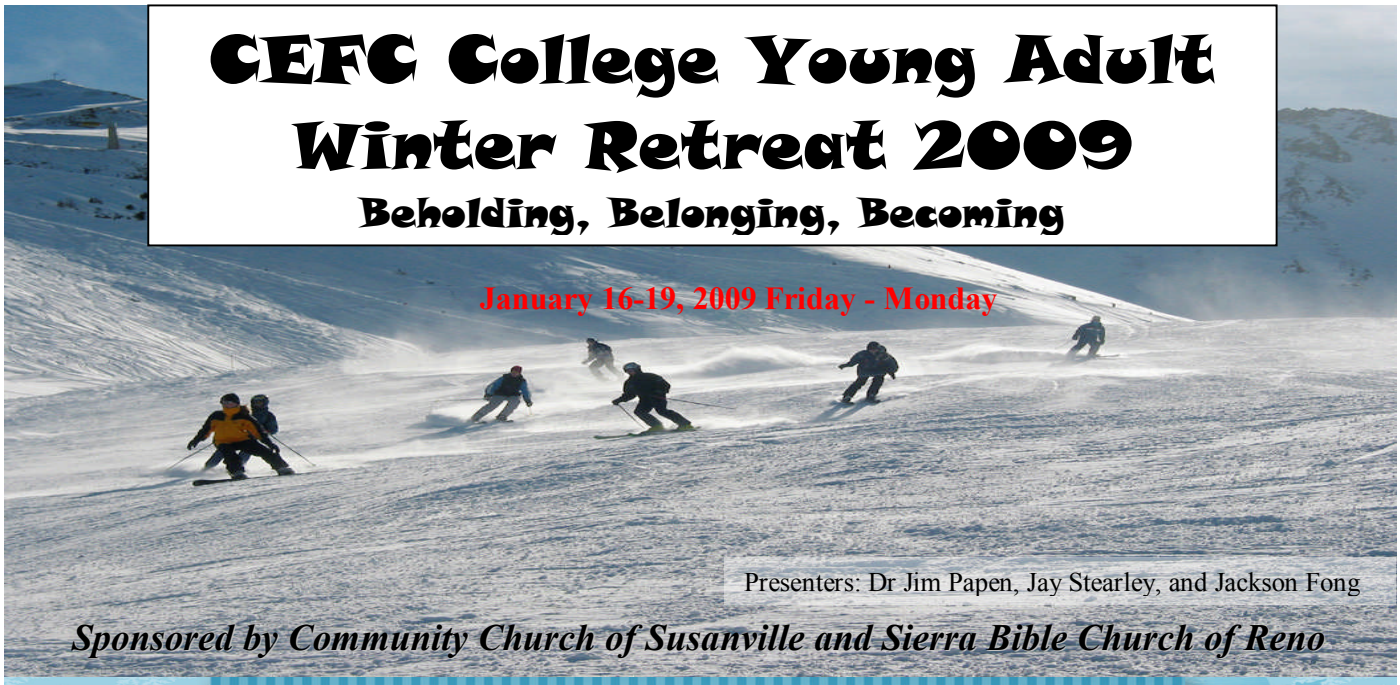
Ever felt the desire to really BELONG?
Ever struggle with what you are supposed to BECOME?
Ever felt the NEED TO just GET AWAY?
Ever experience exhaustion and NEED REFRESHMENT?

Join us and Discover for yourself!



CEFC College Young Adult Winter Retreat 2009

Beholding, Belonging, Becoming

January 16-19, 2009 Friday - Monday

Presenters: Dr Jim Papen, Jay Stearley, and Jackson Fong

Sponsored by Community Church of Susanville and Sierra Bible Church of Reno

Location: Scenic Tahoe Truckee
Who? College Students and Young Adults (Susanville, Lassen County, Reno…)
What? Snowboarding, Skiing, Sledding, Music, Encouragement, Rest, Shopping, Heated pool and More!
Cost: $140 (Includes Housing, Transportation, Programming and Food)
If you are going skiing or snowboarding, bring $ for rentals and lift tickets.

For additional info or registration forms, go to cefcyouth.com or myspace.com/cefcollege

CEFC College Young Adult Winter Retreat Registration Form 2009

Name (First, Middle, Last): _____

Phone #: _____ Date of Birth: _____

Mailing Address: _____

E-mail Address for Updates: _____

Home Church (If Any): _____

1. The Undersigned does hereby authorize CEFC's Staff to consent to IMMEDIATE FIRST AID MEDICAL CARE, any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named Participant which is deemed advisable by and to be rendered under the general or specific supervision of any physician or surgeon, licensed under the provision of the Medical Practice Act or any dentist licensed under the Dental Practice Act, at nay hospital, dental office, or elsewhere.
2. I understand that my insurance and/or my finances will cover any such treatment, and CEFC will not be liable whether or not I am insured. I understand that it is my responsibility to inform in writing the CEFC Staff in the case that the Participant's information, insurance carrier, specified local hospital, or medical/physical condition changes. I understand that the Participant will be taken to the below stated hospital (if specified) if a CEFC staff person believes the Participant may need medical/dental attention only when the incident occurs within the city limits of the Susanville area. I understand that incidents, accidents, physical/medical, and dental emergencies which occur on retreats, camps, outings, trips, and activities outside the Susanville city limits will be treated at a nearby hospital or medical/dental facility whether or not my insurance applies at such a facility and I assume total financial responsibility for payment of all such services.
3. It is understood that an effort shall be made to contact the Undersigned prior to rendering treatment to the Participant, but that any of the above treatment will not be withheld if the Undersigned is not reached.
4. I, the Undersigned do hereby Authorize CEFC to act as my agent in presenting this agreement to any qualified medical/dental practitioners and I will not hold CEFC or such practitioners liable for treatments rendered.
5. This authorization will remain effective while the minor is in route to or from, whether participating, observing, or standing by any program or activity of CEFC unless previously revoked by the Undersigned in writing and delivered to CEFC.
6. I also give permission for the authorized CEFC Staff to administer medication my child/the Participant has to take. I will provide the medication in the original container with specific written instructions on the container for its dispensing. These will be given to the authorized CEFC Staff by me.

Medical Information

Known Allergies: _____

Current Medication: _____

Youth's Doctor: _____ Have health insurance: yes ____no ____

Insurance Co. _____ Policy # _____

In an emergency, please contact:

_____ (_____)_____ _____
Name Phone # (Relationship to Participant)

7. I warrant to CEFC that all the information given on this form is true, current and accurate.

8. I as the Participant have read, understand and agree to the terms above.

X_____ Date_____
Participant / Guardian Signature