

REGISTRATION FORM

Colorado East Baha'i Summer School 2012

The Colorado East Baha'i School is an Agency of the National Spiritual Assembly of the Baha'is of the United States

www.ColoradoBahaiSchool.org

REGISTRATION DEADLINE

June 10th

\$100 non-refundable deposit per family required with reservation.

EARLY BIRD

Register by May 20th
to receive a discount!

Please include a **\$100 deposit per family with your registration**. The balance is due on arrival (check or PayPal accepted). Please make checks payable to "CO East Baha'i School". If you will be on a scholarship, please indicate the sponsoring LSA under "special needs". **Deposits are non-refundable after June 1st**.

Scholarships: A limited number of scholarships are available. Please contact the Registrar for more information. Attendees are encouraged to first contact their Local Spiritual Assembly as many LSAs have scholarship funds available.

Sponsors: All children & youth aged 18 or younger must have a parent or sponsor attending the school. Please understand that the Schools Committee **cannot** help pair minors with a sponsor. Please contact your LSA if you need assistance finding a sponsor. Thank you!

Registrar: Erin Rossing registrar@coloradobahaischool.org 720-364-1539

REGISTRATION

There are 2 ways you may register:

1. Fill out the online forms at www.coloradobahaischool.org and pay your deposit via PayPal.
2. Fill out the forms below and mail along with your deposit check to:
CEBSC, 303 S. Broadway Suite 200-223, Denver, CO 80209

FORMS

In addition to the registration form, please include the following forms with your registration (forms are included on the following pages or can be submitted online):

	Medical Release	Sponsorship Agreement	Waiver of Liability	Photo Permission
Adults 18+			✓	✓
Children & Youth with Parents	✓		✓	✓
Children & Youth with Sponsor	✓	✓	✓	✓

REGISTRATION FORM

*Each family (those paying registration together) must fill out a form, including day only attendees.
If you wish to be placed in a cabin or yurt with specific people, please indicate this below.*

Family Contact Name: _____

Home Phone: _____ **Cell Phone:** _____

Mailing Address (City, State, Zip): _____

Email Address: _____

Total # in Your Party: Adults ____ Youth ____ JY ____ Children ____ Toddlers/Infants ____

Beds Needed: _____

Please indicate if Youth will join us a day early for the retreat/teacher training: _____

If you wish to be placed in lodging with someone not in your household, please list:

Please list each person in your family:

First Name	Last Name	Age (or "Adult" if over 20)	Grade in School (if applicable)	Gender	Sponsor Name (if applicable)	Cost
Total:						

Dietary, Handicap or Special Needs? (Please include any medical history we should be aware of for all ages such as severe allergies, diabetes, etc.) _____

Minors without Attending Parent(s):

Any minor under age 18 attending the school without a parent or legal guardian **MUST** have an adult (21 years or older) sponsor who is considerably more mature than the minor sponsored. (No more than 2 minors per sponsor). **The sponsor WILL BE RESPONSIBLE for the conduct of the minor in their charge.** The committee requires that the sponsor be of the same sex as the minor so that the two can be housed together. Any minor in this category **MUST** bring a Sponsorship Agreement (below) signed by their parent. Forms are also available from the registrar.

Medical Release

The following MEDICAL RELEASE Form is required for ALL MINORS

Authorization to Consent to Treatment of a Minor

I, as the undersigned parent or guardian of _____, a minor, do hereby authorize
(Print child's full name)

Colorado East Bahá'í School, or its designated representative, agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables Colorado East Bahá'í School to arrange medical care for my dependant minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor. This authorization shall remain effective from _____ to _____, when my child
(Date) *(Date)*
is attending the Colorado East Bahá'í School.

Parent/Guardian Signature: _____ **Date:** _____

Home Phone: _____

Cell Phone: _____

Additional Emergency Contact Name: _____ Phone: _____

Medical Insurance Company: _____ Policy #: _____

Family Physician Name: _____ Phone: _____

List any Allergies, Handicaps, Limiting Health Conditions, Medications, Reactions to Medications:

Sponsorship Agreement Form

Required for ALL SPONSORED MINORS

Each child or youth under age 18 attending the Colorado East Bahá'í School without a parent or legal guardian must be accompanied by a sponsor age 21 or older, responsible for the child's conduct and well-being, as a loving parent.

I, _____
(Print Sponsor's Full Name(s))

agree to be responsible for the behavior and well-being of:

(Print Child(ren)'s Full Name(s))

in conformity with the standards of conduct of the Bahá'í Faith and the established rules of the Bahá'í School and the Facility Management during the time the above named minor(s) is (are) in attendance at the **Colorado East Bahá'í School** from:

(Dates) _____ to _____.

Signature of Sponsor: _____

I (we), _____,
(Parent/Guardian name(s))

the parent(s)/guardian(s) of _____
(Child(ren)s name(s))

hereby indicate my (our) understanding and approval of the above sponsorship and give the sponsor named above authority to execute the School's Waiver of Liability on my (our) behalf.

I (we) understand and agree that my (our) child(ren)'s personal information, including name, address, phone number, date of birth, grade level, special needs (medical and learning-related), may be entered into a registration form, which may be maintained in an electronic version, and the National Spiritual Assembly of the Baha'is of the United States and its Baha'i School Committees will not sell this information to anyone or share it with anyone except when required by law.

Parent: _____ Date: _____
(Signature)

Student: _____ Date: _____
(Signature)

Student: _____ Date: _____
(Signature)

Waiver of Liability Form

Please complete in full and return to Colorado East Bahá'í School.

Completion and return of waiver is required before participation in recreation activities.

Event Location: La Foret Retreat Center Dates of Event: June 27-July 1, 2012

Sponsored by: Colorado East Bahá'í School (an agency of the National Spiritual Assembly)

Participant's Name (Last, First): _____

___ Participant is a **Child or Youth, under 18** (parent/guardian signs this form)

___ Participant is an **Adult, 18 years or older** (participant signs this form)

Please Read this Waiver before Signing

I understand that during participation in this event one may be exposed to physically and psychologically stressful and challenging situations, including but not limited to, risks and dangers inherent in the activity itself, exposure to forces of nature, motor vehicle travel and possible accident or illness.

I have advised sponsor of any special needs of the participant or activities from which the participant should be restricted.

I understand that, although precautions have been taken to provide proper organization, supervision, instruction and equipment for each activity, it is impossible to guarantee absolute safety. I understand that I share responsibility for the safety of the participant and assume that responsibility.

I hereby assume all risks and dangers and will hold harmless the National Spiritual Assembly of the Bahá'ís of the United States, the Bahá'í School Committee, all local Spiritual Assemblies, their officers, agents, and employees and all groups and persons connected herewith, from all actions, causes of actions, suits and any claims, demands, and liabilities whatsoever, both in law and equity, and or any of their respective officers, agents, and employees, in connection with participating activities, except in cases of gross negligence.

The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall serve as an assumption of risk and general release for the participant while participating in this event.

SIGN FOR ASSUMPTION OF RISK, GENERAL RELEASE, AND WAIVER OF CLAIMS:

Signature: _____ Date: _____

Medical Insurance Company: _____ Policy # _____

Insurance Company Phone: _____

**Permission to Use Photos and Audiovisual
Materials Taken at Schools**

I hereby: *(choose one)*

_____ consent to and authorize

_____ do not consent to

the use of and reproduction by, the National Spiritual Assembly of the Bahá'ís of the United States and its affiliated agencies and institutions (the "National Spiritual Assembly"), of any and all photographs and any other audiovisual materials taken of the registered individuals listed below for inclusion in any of the National Spiritual Assembly's promotional printed material, websites and online social media platforms, educational activities, or for any other manner and in whatever way the National Spiritual Assembly may desire to serve the best interests of the Baha'i Faith.

Signature: _____ Date: _____

Print Names (for persons under age 18, add name of Parent or Guardian):
