

Eagle Eye Registration Form

Name: _____ Birth date: _____
Home phone #: _____ Cell phone #: _____
E-mail address: _____
Mailing address: _____
Physical address (if different): _____

I will be attending (check all that apply):
 Eagle Eye Hike (\$100 per person)
 Eagle Eye Retreat (\$100 per person)
 - *This fee includes food. Housing is including for those traveling from out-of-state and will be discussed on a case-by-case basis for in-state participants.*
 Bald Eagle Eye Retreat (\$200 per couple/ family)
 - *This fee includes campsite and park fees. Food will not be provided- potluck may be an option.*
 I am interested in discussing and may be able assist with volunteer needs during or prior to any of the above events.
Checks should be made payable to: Jen Bergman. Financial aid is available if needed- contact Jen to discuss this.

(For the Bald Eagle Eye) List names and ages of other family members attending with you.

Medical Information

- Include information about all participants you are registering. Use additional sheets if necessary.
Physician name and phone #: _____ Date of last tetanus shot: _____
Please list any medical conditions you/ family have (asthma, diabetes, epilepsy, etc.):

Allergies or allergic reactions you/ family have to medications: _____

Medications that you/ family are presently taking: _____

Special dietary needs: _____
Medical insurance company: _____
Plan number: _____ Employee Identification #: _____

Emergency Contact

Name: _____ Phone #: _____ Relationship: _____

Registration, Payment, and Questions/ Concerns

Registration and payment are due prior to the scheduled events. Spaces are limited, so please register as soon as possible. Checks should be made payable to: Jen Bergman.
Mail your 1) registration form, 2) signed authorization form, and 3) payment to: **Jen Bergman
P.O. Box 200424
Anchorage, AK 99520**
Contact Jen Bergman at ntaboutu@yahoo.com or (cell) 218-839-5366 or (work) 907-644-0480 X2 with any questions or concerns.

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the Congregation of St. John. A copy will be distributed to the person in charge of each program in which the adult participates. Should the need arise, this information will be given to the proper medical authorities. I understand that in the case of illness or injury to me or my participating family, the Congregation of St. John and/ or Eagle Eye will try to notify the person I have listed above as an emergency contact. In case of medical emergency concerning myself or my participating family, at a time when my listed emergency contact cannot be notified, I grant full power to the Congregation of St. John and/ or Eagle Eye to 1) arrange for the transportation of myself or my participating family, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgement of medical authorities at the facility. This authorization is valid for a period of one year, from June 1, 2010 through June 1, 2011.

Authorization for Publicity

On occasion, the Congregation of St. John takes photographs or makes an audio or video recording of children and/ or adults involved in activities led by the Congregation. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/ visual recordings may be used in the Congregation of St. John's publications or advertising materials to let others know about the Congregation of St. John and its ministries, and the Congregation of St. John may invite or allow them to photograph or record such events to be used, distributes, or displayed as the agents of the Congregation of St. John.

I hereby expressly grant to the Congregation of St. John and/ or the Diocese of Peoria the right, privilege and license to sue the picture or likeness of myself and my participating family in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of myself and my participating family for the purpose of publicizing, fostering and promoting the Congregation of St. John and its programs, or for any other purpose in furtherance of the mission of the Congregation of St. John and/ or the Diocese of Peoria.

Authorization for Release of Liability

Intending to be legally bound hereby, the undersigned, and any participating family, agrees and does hereby release from liability and to indemnify and hold harmless the Congregation of St. John, and any agents representing or related to the Congregation. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for the Eagle Eye hike and retreat and Bald Eagle Eye retreat. The undersigned and their participating family further agrees to abide by all the rules and regulations promulgated by the Congregation of St. John and/ or its affiliated groups and vendors throughout the duration of his or her time with the Congregation of St. John.

Code of Conduct Agreement

While participating in this event, I will accept full responsibility for maintaining good conduct and appearance. I will listen attentively and will follow the event staff's directions at all times. I understand that the Congregation of St. John has the right to terminate my participation in this event at any time if my conduct, or that of my participating family, is not appropriate and/ or if I fail to follow the event staff's directions.

Signature: _____

Date: _____

Printed name: _____