

**TO BE COMPLETED BY PARENT/GUARDIAN**

I, \_\_\_\_\_, am the legal parent/guardian of  
\_\_\_\_\_, a minor child.

I understand that the following will happen at Los Angeles Chinese Alliance Church's 2015 One Way Fellowship being held on 2/13-2/15 at a house near the beach in Oxnard (5235 Sealane, Oxnard, CA 93035). My child will be driven to and from the retreat site. My child will be encouraged to worship God through music, messages and prayer times. My child will also be playing games, going to the beach, eating great food and being encouraged to grow in his/her understanding of God.

**CONSENT and RELEASE OF LIABILITY**

I have been informed about the retreat sponsored by Los Angeles Chinese Alliance Church (LACAC) and I hereby give my consent for my minor child to participate in this activity. I understand all reasonable safety precautions will be taken by the leaders of this activity, and I acknowledge that the possibility of an unforeseen hazard does exist. In consideration of LACAC organizing, arranging and permitting my child to attend and participate in the event described above and any related activity, on behalf of said minor, I release LACAC and its representatives from all liability, costs and damages which might arise from participation in the above named event or activity.

I also give authority and permission to Los Angeles Chinese Alliance Church representatives authority to inspect my child's room and belongings while attending the retreat for the safety and protection of all participants if unusual circumstances make such an inspection necessary. This form also serves as a release for my child to appear in Los Angeles Chinese Alliance Church photographs and/or videos for the purpose of publicity, training, and/or promotion.

**AUTHORIZATION TO TREAT A MINOR**

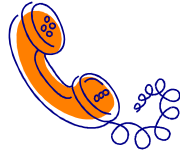
I hereby authorize the ministry leaders (Keone Pang, Elson Wong, Connie Van, Casey Young, Enoch Woo), adult individuals into whose care such minor child has been entrusted, to consent to any X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing. (California Family Code §6910)

\_\_\_\_\_  
Signature of Parent/Guardian      Date



# 2015 One Way Fellowship Retreat

Connecting with God? !?  
Come work on your connection.



## The Retreat 4-1-1

**What?** A weekend planned for you to get to hear from God, get to know others better, to hang out and have FUN!

**Who?** Jr Hi and High school students

**When?** February 13-15, 2015

Leave Friday Afternoon 4pm-5pm

Return Sunday afternoon at 2-3pm

**Where?** House near beach in Oxnard, CA

5235 Sealane

Oxnard, CA 93035

**Registration Fee until Feb 8th, \$60**

**Registration Fee Feb 9th and after, \$70**

*Scholarships are available upon request.*

*Questions?*

Contact Pastor Keone ([kpang@lacac.org](mailto:kpang@lacac.org))

206-853-3739

## Things to bring to camp:

- A Bible, note-book, and pen.
- Personal toiletry. (eg toothbrush, tooth-paste, soap, shampoo)
- Towel (and a beach towel)
- Sleeping bag, Pillow, Air Mattress
- Personal clothing and shoes. (include shorts for the beach and a jacket at night)
- Personal prescription medicine or drugs.
- Drinking bottled water and water bottle.
- Sporting Goods. (We will bring Frisbee, football)
- A flashlight.
- Snacks (we'll provide some, but bring something to share)

## Things NOT to bring to camp:

- Pets
- Jewelry or valuables.
- Alcohol and/or illegal drugs.
- Weapons.
- A bad attitude

We'll be taking your phones/tablets at the beginning of the retreat to help you connect to God. We'll return them at the end of the retreat or if an emergency arises.

## 2015 One Way Fellowship Retreat Registration Form

(Please complete both sides)

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Known Allergies \_\_\_\_\_

Any medications currently taken \_\_\_\_\_

Insurance Provider & ID: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Emergency contact if parent not available.  
\_\_\_\_\_

Registration Fee until Feb 8th \$60

Registration Fee Feb 9th and after \$70

\_\_\_\_\_ Cash Total

\_\_\_\_\_ Check # \_\_\_\_\_

(Please make check payable to LACAC)

I would like to apply for a scholarship

Please submit this form and payment to  
Keone Pang

## TO BE FILLED OUT BY MINOR

I, \_\_\_\_\_ will be participating in the 2015 One Way Fellowship Retreat organized by the One Way Fellowship of Los Angeles Chinese Alliance Church. The retreat will be held at a house near the beach in Oxnard (5235 Sealane, Oxnard, CA 93035).

I understand that this activity involves: being driven to and from the retreat site. Worshiping God through music, messages and prayer times. Playing games, going to the beach, eating great food and being encouraged to grow in my faith.

### RELEASE OF LIABILITY:

I have been informed of the above activity sponsored by Los Angeles Chinese Alliance Church. I understand all reasonable safety precautions will be taken by the leaders of this activity, and I acknowledge that the possibility of an unforeseen hazard does exist.

By signing below, I agree assume any risk of harm or injury which might occur to me due to my participation in the event or activity. I also agree to follow the instructions of the event leaders and I understand that I will be sent home if I fail to do so.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date