

2022 REUNION REGISTRATION FORM

Register and pay in full online (<http://chinook.cofchrist-gpnw.org/>) and scroll down to the reunion post - no online transaction fees) or complete this form in full and mail with your Early Bird Fee, or Registration Fee (depending on your postmarked date) to:

Attn: (name of reunion), Community of Christ, P.O. BOX 60227, Renton WA 98058.

REUNION SELECTION – CHECK ONE PER FORM

<input type="checkbox"/> Family Reunion at Lewis River	<input type="checkbox"/> Family Reunion at Samish Island	<input type="checkbox"/> Family Reunion at Remote	<input type="checkbox"/> Adult Reunion at Samish Island
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REGISTRATION INFORMATION

Name Adult 1:	COVID-19 Vax (Y/N):	Age:	Priesthood Office (if applicable):	
Name Adult 2:	COVID-19 Vax (Y/N):	Age:	Priesthood Office (if applicable):	
Name Adult 3:	COVID-19 Vax (Y/N):	Age:	Priesthood Office (if applicable):	
Name Adult 4:	COVID-19 Vax (Y/N):	Age:	Priesthood Office (if applicable):	
Name Child/Youth 1:	COVID-19 Vax (Y/N):	Age:	Entering grade:	Priesthood Office (if applicable):
Name Child/Youth 2:	COVID-19 Vax (Y/N):	Age:	Entering grade:	Priesthood Office (if applicable):
Name Child/Youth 3:	COVID-19 Vax (Y/N):	Age:	Entering grade:	Priesthood Office (if applicable):
Name Child/Youth 4:	COVID-19 Vax (Y/N):	Age:	Entering grade:	Priesthood Office (if applicable):
Name Child/Youth 5:	COVID-19 Vax (Y/N):	Age:	Entering grade:	Priesthood Office (if applicable):
Name Child/Youth 6:	COVID-19 Vax (Y/N):	Age:	Entering grade:	Priesthood Office (if applicable):

*Campers are not required to be vaccinated against COVID-19 to attend.
Reunion leadership may choose to test those not vaccinated upon arrival at camp.*

Full Address (include City, State, Zip):

Phone: _____ Email Address: _____

Home Congregation: _____

Attendance: Full time Part time with overnight stay – please specify when you will attend (include dates and times):

Special lodging concerns/roommate preferences (if applicable):

EMERGENCY INFORMATION

Emergency Contact Name:	Emergency Contact Phone:
Name of Physician(s):	Physician(s) Phone:
Name of Insurance Carrier(s):	Insurance Policy Number(s):

MEDICAL INFORMATION

(Confidential: Directors, destroy all medical information after the close of camp.)

Do any of the registrants have medical conditions of which we need to be aware? List the condition and to whom it pertains. Include such conditions as severe allergies, asthma, diabetes, seizures, etc.:

Is anyone taking medication? List dosage taken and to whom it pertains, or attach a list with this form:

Does anyone have any special dietary requirements? <input type="checkbox"/> Vegan – Name: <input type="checkbox"/> Vegetarian – Name: <input type="checkbox"/> Gluten-Free – Name: <input type="checkbox"/> Dairy-Free – Name:	Any food allergies? List what and to whom it pertains.
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YOUR MINISTRY

In addition to those chores required of participants, I/we would be willing to help with (please list first name of family member):

<input type="checkbox"/> Serving Meals – Name:	<input type="checkbox"/> Teach/help with class – Name:
<input type="checkbox"/> Worship – Name:	<input type="checkbox"/> Children/Nursery – Name:
<input type="checkbox"/> Presiding – Name:	<input type="checkbox"/> Special Music: Vocal – Name:
<input type="checkbox"/> Campfire – Name:	<input type="checkbox"/> Special Music: Instrument – Name:
<input type="checkbox"/> Recreation – Name:	<input type="checkbox"/> Other (please specify, including name):

FAMILY REUNION @ LEWIS RIVER (June 26 - July 1)

Registration Fee <i>(all inclusive)</i>	Early Bird Fee: Paid on or before 5/27	Registration Fee: Paid 5/28 - 6/10	Stay	Who
	\$350	\$420	Full time	Family (up to 2 adults & 6 children or 4 adults residing in the same household)
	\$95	\$114	Full time	Individual (Ages 5 & up; 4 & under FREE)
	\$70/day	\$84/day	Part time	Family (see definition above)
	\$19/day	\$23/day	Part time	Individual (Ages 5 & up; 4 & under FREE)
Lodging Preference	<input type="checkbox"/> Cabin - list 3 choices (first-come basis): <input type="checkbox"/> Lodge room (elderly & physically challenged get first consideration) <input type="checkbox"/> RV Space - Length of RV: _____ feet <input type="checkbox"/> Tent Space			

FAMILY REUNION @ SAMISH ISLAND (July 10 - 16)

Registration Fee <i>(all inclusive)</i>	Early Bird Fee: Paid on or before 6/10	Registration Fee: Paid 6/11 - 6/24	Stay	Who
	\$276	\$336	Full time	Adult (12 & up) – first two
	\$216	\$264	Full time	Adult (12 & up) – each additional
	\$180	\$216	Full time	Youth (ages 6-11)
	\$18	\$24	Full time	Child (ages 0-5)
	\$46/day	\$56/day	Part time	Adult (12 & up) – first two
	\$36/day	\$44/day	Part time	Adult (12 & up) – each additional
	\$30/day	\$36/day	Part time	Youth (ages 6-11)
	\$3/day	\$4/day	Part time	Child (ages 0-5)

Lodging Preference	<input type="checkbox"/> E-Cabin (with restroom): <input type="checkbox"/> Medical need – Explain: <input type="checkbox"/> Other: <i>Please note that you will probably be assigned a roommate in E-Cabins. Please note any roommate preferences on Page 1.</i> <input type="checkbox"/> Rustic Cabin (without restroom) <input type="checkbox"/> RV Space - Length of RV: _____ feet <input type="checkbox"/> Tent Space			
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FAMILY REUNION @ REMOTE (August 6 - 12)

Registration Fee <i>(all inclusive)</i>	Early Bird Fee: Paid on or before 7/8	Registration Fee: Paid 7/9 - 7/22	Stay	Who
	\$510	\$612	Full time	Family (up to 2 adults & 6 children or 4 adults residing in the same household)
	\$198	\$238	Full time	Individual (Ages 12 & older)
	\$168	\$202	Full time	Youth (ages 4-11)
	\$78	\$94	Full time	Child (Ages 3 & under)
	\$85/day	\$102/day	Part time	Family (see definition above)
	\$33/day	\$40/day	Part time	Individual (Ages 12 & older)
	\$28/day	\$34/day	Part time	Youth (ages 4-11)
\$13/day	\$16/day	Part time	Child (Ages 3 & under)	

Lodging Preference	<input type="checkbox"/> Cabin - Assigned on a first-come, first-served basis. We house a minimum of four people per large cabin room and two people per small cabin room. Please note any roommate preferences on Page 1. Preference will be given to seniors and families with young children. Note: If your cabin is not left clean, you will be billed \$50 for cleaning costs. <input type="checkbox"/> RV Space - Length of RV: _____ feet <input type="checkbox"/> Tent Space			
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ADULT REUNION @ SAMISH ISLAND (August 20 - 25)

Registration Fee <i>(all inclusive)</i>	Early Bird Fee: Paid on or before 7/22	Registration Fee: Paid 7/23 - 8/5	Stay	Who
	\$300	\$360	Full time	Adult (ages 18 & up)
	\$60/day	\$72/day	Part time	Adult (ages 18 & up)

Lodging Preference	<input type="checkbox"/> E-Cabin (with restroom): <input type="checkbox"/> Medical need – Explain: <input type="checkbox"/> Other: <i>Please note that you will probably be assigned a roommate in E-Cabins. Please note any roommate preferences on Page 1.</i> <input type="checkbox"/> Rustic Cabin (without restroom) <input type="checkbox"/> RV Space - Length of RV: _____ feet <input type="checkbox"/> Tent Space			
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YOUR PAYMENT TOTALS

<ul style="list-style-type: none"> • Complete this form for any overnight stay, of any length. For no overnight stay, simply RSVP to your Reunion Director for your fee, to be paid on arrival at Reunion. • To receive the Early Bird rate, this form and full payment must be postmarked on or before the "Early Bird Fee" deadline. • Make all checks payable to "Community of Christ." All payments are processed when received. • Advance freewill offerings cover costs not included in the registration fee and are appreciated to help meet the reunion budget. 	<p>Registration Fees: \$ _____</p> <p>+ Advance Freewill Offering: \$ _____</p> <p>= Balance Due: \$ _____</p>
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CONSENT AND RELEASE

Please read each of the following statements and sign this registration form. Your signature indicates your consent.

Minors

I verify that either: 1) I am not registering as a minor (child/youth under the age of 18); OR 2) I am the parent/legal guardian of any minor I am registering; OR 3) I have the permission of the parent/guardian to register the minor and/or sponsor them at the event.

Consent to Medical Treatment

As the Registrant, or as parent/guardian/sponsor of the Registrant, I give permission to Community of Christ to transport the Registrant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. In an emergency, the information contained in this document may be released to qualified medical personnel. Community of Christ personnel may administer prescription medication as needed during the Event.

Consent to Participate in Event Activities

As the Registrant, or as parent/guardian/sponsor of the Registrant, I specifically consent to the participation in all activities offered at the Event. Any activities to which I do not consent are listed here:

Waiver and Release of Liability

In consideration for acceptance of my participation in the Event, or as parent/guardian/sponsor of the Registrant, I hereby release, forever discharge and agree to hold harmless Community of Christ and its affiliated organizations, lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees thereof from any and all damages (including consequential damages), liability, claims, judgments, penalties, obligations, fines, causes of action, demands, losses, costs, and expenses (including without limitation reasonable attorneys' fees and court costs) for personal injury, sickness or death based upon ordinary negligence, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the Registrant occurring while Registrant is participating in the Event or arising thereafter, and further agree to hold harmless and indemnify said organizations and their lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of said Registrant during the Event, including expenses incurred attendant thereto.

Photo Release

In consideration for acceptance of my participation in the Event, or as parent/guardian/sponsor of the Registrant, I hereby give consent to and authorize the taking of photographic, audio or video recordings in which the Registrant may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by Community of Christ for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

Event Rules

Participate in a daily work assignment if physically able; Follow the health, safety and property care rules of the campground; Be courteous and respectful of others and their property; No pets allowed on campground property; Do not possess or use recreational marijuana, medical marijuana, alcohol, or illegal drugs on campground property; Do not use e-cigarettes or tobacco products on campground property; You must be the parent or legal guardian, or have consent of the parent/legal guardian, to register and/or sponsor any child/youth under the age of 18; Sponsors of children and youth must be a minimum of 21 years of age or older AND a minimum of 5 years older than the children and youth they are sponsoring; Children and youth must stay with their sponsor, who is responsible for their whereabouts and behavior; Children and youth are those under the age of 18; Community of Christ is not responsible for any lost or stolen items. Follow any COVID-19 guidelines announced by the Director, Campground Staff, or Mission Center Leadership.

STATEMENT OF CONSENT AND RELEASE

I, the undersigned, and on behalf of each participant listed on this form, verify that the rules, guidelines, and releases specified on this form have been read, understood, and consented to. I, the undersigned, verify that I/we understand that not following the printed or announced rules and reminders of camp may result in myself and/or my family being asked to leave the camp experience.

X Signature:

Date: