

**Adult Education Retreat:**  
***Hineini – Opening The Gates of Meaning***  
**Asilomar Retreat Center: July 27 – 29, 2018**  
**Health & Safety Registration Form**

Please complete this registration form and return it to the Education Office by *Friday, April 20, 2018*

**PARTICIPANT INFORMATION (1)**

Name \_\_\_\_\_  
Gender: MALE      FEMALE      OTHER  
Cell: \_\_\_\_\_  
Email \_\_\_\_\_

**PARTICIPANT INFORMATION (2)**

Name \_\_\_\_\_  
Gender: MALE      FEMALE      OTHER  
Cell: \_\_\_\_\_  
Email \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone #s (cell) \_\_\_\_\_  
(home) \_\_\_\_\_  
(email) \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please list any medical or food restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION TO MEDICAL TREATMENT**

I authorize Congregation Emanu-El and/or its agents to take me to an emergency facility for treatment if I cannot do so myself in an emergency. This authorization shall remain effective until September 1, 2018.

Health Plan \_\_\_\_\_

Health Plan ID # \_\_\_\_\_

**AUTHORIZATION FOR Adult Ed Retreat- 2018**

It is mutually understood that Congregation Emanu-El accepts no responsibility for loss or damage to any of my property incurred during the trip. I waive all liability.

✍ \_\_\_\_\_ Date \_\_\_\_\_  
Participant Signature (1)

✍ \_\_\_\_\_ Date \_\_\_\_\_  
Participant Signature (2)

***Cost: Single Occupancy = \$750***

***Double Occupancy = \$600 (per person)***

Payment:  Check  Credit Card

Card # \_\_\_\_\_

Exp.: \_\_\_\_\_ Sec. Code# \_\_\_\_\_

Name on Card: \_\_\_\_\_

(This fee covers room, board, meals and all materials.  
Participants must travel to and from Asilomar on their own.)