

Individual registration form SUUSI 2010

IMPORTANT NOTE: Please complete a *separate copy* of sections A-F FOR EACH PERSON in your family group. This is person number ___ in your family group. How many total people in your family group? _____

Please do not staple forms

Staff use only: Family # _____

Registrant's Name: _____

Family Name: _____

A

Registrant's information

Please check here if this is your first SUUSI

____ Registrant's name If primary registrant for this family group, please check here

Street If address is same as primary registrant for family group, check here

City _____ State/Province _____ ZIP _____ Country _____

Daytime telephone _____ Evening telephone _____ Gender _____ Date of birth _____

E-mail address _____ Congregation or fellowship _____

B

Housing options

This person needs a key Yes No

A maximum of two keys per room are available

A/C No A/C

Adult dorm Median (A/C only)

Childcare co-op Family (non co-op)

*Young Adult *see Section B instructions

*Teen same gender floor *Teen co-ed floor

Quiet Loud No preference

Please check items below as needed:

Child sleeping on floor No housing

Paying for two beds in a non A/C dorm

____ Roommate

____ Suite-mates and/or group name

C

SUUSI cost

1. Registration and meals: \$130 (ages newborn-2), \$300 (ages 3-11), \$340 (ages 12-17), \$390 (18 and over) _____ 1
2. Housing costs: \$0 (child sleeping on floor), \$120/bed (non-A/C room), \$160/bed (A/C room) _____ 2
3. Workshop and nature trip total (from the bottom of Section E on reverse side of this page) _____ 3
4. Mugbook (\$9/each x number of books = \$____) _____ 4
5. SUUSIship donation (enter any amount you'd like to give) _____ 5
6. **TOTAL SUUSI FEES (add lines 1-5)** _____ 6
7. Credit vouchers (max \$500) - Enter the total amount of all credit vouchers for this person _____ 7
8. Enter \$50 if your registration is postmarked on or before May 15, _____ 8
OR enter \$25 if your registration is postmarked between May 16-June 20
9. **TOTAL SAVINGS (add lines 7-8)** _____ 9
10. **TOTAL SUUSI COST (line 6 minus line 9) [copy this amount to section G]** _____ 10

Partial payment (enter an amount either on line 11a OR line 11b)

- 11a. If you would like Express Check-In at SUUSI, please enter the amount from line 10 on line 11a _____ 11a
- 11b. Enter the minimum partial payment due now on line 11b using the amount corresponding _____ 11b
to this person's age: \$50 (newborn-2), \$130 (3-11), \$165 (12-17), \$220 (18 & over)

12. TOTAL AMOUNT DUE NOW

Enter the amount either from line 11a OR line 11b (copy this amount to section G) _____ 12

D

Needs

Dietary needs
 Non-vegetarian Vegetarian or vegan

Other dietary needs: _____

Accessibility needs: _____

Other needs: _____

J Participation form: Liability waiver and assumption of responsibility

Every SUUSI participant must read carefully, understand, sign, and submit this form when registering themselves or any minor children or wards (under the age of 18) to participate in SUUSI, July 18 - 24, 2010.

Please provide one form for each participant. Please make additional copies of this form as needed.

In consideration for my, or my minor child or ward, being permitted to participate in SUUSI, I agree to:

1. Follow and observe all instructions provided by SUUSI program leaders and all safety rules and precautions required for program participants, and to wear proper protective and safety equipment when required of program participants.
2. Assume all risks associated with my participation in SUUSI.
3. Be responsible for any loss, damage or injury occasioned by or arising out of my, or my minor child's or ward's, participation in SUUSI.
4. Act in a responsible, reasonable, and safe manner while participating in SUUSI so as not to endanger others or their property, and to indemnify and hold harmless SUUSI, its officers, agents, volunteers, and employees from all liability, claims, causes of action or demands of any kind or nature as a result of my failure to do so, and to indemnify and hold SUUSI, its officers, agents, and employees harmless from any claim for injury to myself, my minor child or ward, or damage to my property or that of my minor child or ward incurred while participating in SUUSI.
5. Grant permission to SUUSI to transport me or my minor child or ward to and from activities when transportation is provided, and to hold harmless those providing the transportation.
6. Permit transportation of me or my minor child or ward to the nearest physician or medical facility for proper medical treatment, if deemed necessary by SUUSI.
7. Permit my minor child or ward named below to participate in SUUSI activities for which they are eligible.

Please complete the form below for EACH participant:

Adult participant's name (please print): _____

Adult participant's signature : _____

Date: _____

Name of minor child or ward (please print): _____