

	FCJC Youth Life in the Spirit Retreat Marello Youth Center 6530 Wells Avenue Loomis CA 95650 On July 9 to 11, 2021 "For You are my hope, Lord God, my confidence from my youth" - Ps 71:5	Payment Type: Cash: _____ Chk: _____ Check#: _____ Amt: _____
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Name: Chelsie J. Vasquez Birth date: 3/20/06 Age: 15
Address: 7005 Bear River Dr. City: Sau. State: CA Zip: 95842
Home Phone: _____ Cell Phone: 916) 241-5552 Email: vasquezjen1@aol.com
Name of Parents/Guardians: Jenny Vasquez (Home/Cell #): 916) 241-5552
Email: vasquezjen1@aol.com Best Time to Contact Parents/Guardians: _____

Instruction: Registration Fee: \$60.00, Bring sleeping bags, pillow, toiletries, FCJC Id, Bible and writing materials.
FCJC Parent Coordinator Contact Info: Sacramento: Mark Marzan - 916-949-2891 & Windee Marzan - 916-949-2115
Vallejo/Fremont: Paolo Antiporda 510-219-7514 & Rhona Antiporda - 415-629-1140

To the Parent/Legal Guardian:
Your child has been invited to participate in the FCJC Youth LSR for Families in Christ Jesus Community (FCJC). These Retreat will take place at Marello Youth Center in Loomis from July 9 to July 11, 2021, under the guidance and direction of FCJC Parent Coordinators. These activities will involve Christian talks, discussions, singing, games, and other activities. Your child will be picked up and dropped off to the venue. If you cannot provide transportation, please contact the FCJC Parent Coordinators to make arrangement. You agree to release FCJC from all or any liabilities, as a result this FCJC Event.

If you desire your son, daughter, or individual under your guardianship to participate in FCJC events or activities, please complete, sign, and return this **Statement of Consent and Release of Liability** by the time of registration at the event location. As a parent and/or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named participant. This consent is only valid from July 9 to July 11, 2021, as stated on the other side of this page.

Statement of Consent and Release of Liability

I hereby consent to the participation of Chelsie Vasquez, my son/daughter/individual under my guardianship, in FCJC events and activities described above. I fully understand that these events and/or activities will be under the supervision of the designated FCJC Parent Coordinators. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment at the phone numbers listed on the application form:

Medical Insurance Coverage(s) with _____ Policy/Group Number(s) _____

Special diets, allergies, medications, or any unusual medical condition(s). _____

I understand that medical coverage will not be available through FCJC. I further consent to the conditions stated above on participation in this event.

Parent/Guardian Address: _____ Emergency Contact & Info: _____

Jenny Vasquez
Print Parent/Guardian Name


Parent/Guardian Signature

6/10/21
Date