

# Encounter Registration

Participant's Name: \_\_\_\_\_ Home Ph # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Cell Ph. # \_\_\_\_\_

Cell Leaders Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

## Encounter Type (Check One)

- Children's Encounter  
 One Child (\$15.00)  
 More than one child (\$25.00)

Scheduled Date of Encounter \_\_\_\_\_

Pre- Encounter Completed  Yes  No Date Completed \_\_\_\_\_

*Cost of Encounter is \$15.00 for one child, \$25.00 per family.*

*All Encounter fees must be paid in full prior to the Encounter date or at registration.*

## If Participant is a Minor

Mothers Name \_\_\_\_\_ Phone # \_\_\_\_\_

Fathers Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Release if a Minor:** I hereby give consent to my child to participate in the Encounter weekend and waive all claims to any compensation for damages from Hope Alive. I also give consent for my child to be treated by a licensed physician if my child is in need of medical attention. I agree to be financially responsible for all medical expenses associated with any medical care he/she receives.

**Parents (or Guardians) Signature** \_\_\_\_\_

## For Office Use

Paid \_\_\_\_\_ Check/Cash Date \_\_\_\_\_

Balance owed \_\_\_\_\_ Check/Cash Paid in Full Yes/No