



METROPOLIS OF
SAN FRANCISCO

2009 METROPOLIS OF SAN FRANCISCO
YOUNG ADULT RETREAT- ST. NICHOLAS RANCH, JUNE 12-14
“THIS SUMMER... TRANSFORM YOUR LIFE”
REGISTRATION FORM

Participant Information:

LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____
CITY: _____ STATE _____ ZIP CODE _____
PHONE: _____ E-MAIL: _____
CELL PHONE: _____ SHIRT SIZE (Circle one): S M L XL
DATE OF BIRTH: ____/____/____ OCCUPATION: _____
PARISH/PRIEST: _____
DIETARY RESTRICTIONS: _____
OCCUPATION: _____
WILL YOU BE DRIVING UP TO THE RANCH? _____ If so, would you have room to bring one or more
participants? _____ How many? _____
PEOPLE COMING WITH YOU: _____
REQUEST FOR ROOMMATES: _____

*Please include a copy (front/back) of your health insurance card.

REGISTRATION FEE:

TO DETERMINE YOUR TOTAL REGISTRATION, PLEASE SELECT THE APPROPRIATE FEE BELOW:

EARLY BIRD SPECIAL (Lasts until May 22nd): \$99

LATE REGISTRATION (Lasts until June. 4th): \$135

LAST DAY TO REGISTER: JUNE 4, 2009

PLEASE MAKE CHECKS PAYABLE TO "METROPOLIS YOUTH FUND"

Please send Registration and Payment to:

Attn: Deacon Niko Bekris
Greek Orthodox Metropolis of San Francisco
245 Valencia Street
San Francisco, CA 94103

Activities Information:

Are you limited to any activity? (if yes, please explain) _____

Health Information:

MEDICAL INSURANCE: _____ POLICY NO. _____

PRIMIARY CARE PHYSICIAN _____ PHONE: _____

Do you have any allergies? (Circle One) YES NO

List any food allergies: _____

List any environmental allergies: _____

List any medication allergies: _____

List any medications you're currently prescribed: _____

(Please use another sheet to explain any and all conditions, illnesses, or special needs you may have.)

Emergency Information:

EMERGENCY CONTACT #1: _____ RELATION: _____

HOME NO: _____ WORK: _____ CELL: _____

EMERGENCY CONTACT #2: _____ RELATION: _____

HOME NO: _____ WORK: _____ CELL: _____

Lodge Room Details

(Lodge Rooms are the upper quarters next to the cafeteria and gift shop)

- Beds have blankets, bedspreads, and pillows.
- Lodges do not have TV, radios, or phone hookup.
- All lodges will provide linens.
- Each lodge room has a shower.

Lodge Rooms do not include shampoo or other toiletries

If you have any questions, please contact Deacon Niko Bekris:

(415) 814-1186 (office)
(415) 753-1165 (fax)
sfyouth@sanfran.goarch.org

RELEASE WAIVER

METROPOLIS OF SAN FRANCISCO * 245 VALENCIA STREET, SAN FRANCISCO, CA

JANUARY 16-19, 2009 * METROPOLIS YOUNG ADULT RETREAT

IT IS THE INTENTION OF (*PARTICIPANT*)

_____ - BY THIS AGREEMENT TO EXEMPT AND RELIEVE the Greek Orthodox Metropolis of San Francisco (the Metropolis), and the Greek Orthodox Archdiocese of America (the Archdiocese) AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR

WRONGFUL DEATH OF (*PARTICIPANT*) _____

CAUSED BY ANY ACT OF NEGLIGENCE OF the Metropolis AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES. For and in consideration of permitting him or her to observe, or use any facility or equipment of the Metropolis to engage in and/or receive instruction in any activity or activity incidental thereto SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY at: Saint Nicholas Ranch and Retreat Center in the city of Dunlap, in the county of Fresno, in the State of California, at Saint Basil Greek Orthodox Church, in the county of San Joaquin, in the State of California, and the Greek Orthodox Metropolis of San Francisco in the city and county of San Francisco, in the State of California, on the days of January 16-19, 2009, the participant named above hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to participant named above as a result of his or her observing or using facilities or equipment of the Metropolis or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.

The participant named above for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the Metropolis and the Archdiocese or its officers, agents, servants, or employees, the undersigned parent or guardian will indemnify and hold harmless the Metropolis, and the Archdiocese and its officers, agents, servants, or employees from any and all claims or causes of action by the participant named above or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the participant named above present any claim against the Metropolis and the Archdiocese and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by the Metropolis and the Archdiocese and said persons.

The participant has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The participant intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

SIGNATURE OF PARTICIPANT:

DATED:
