

	FCJC Youth Life in the Spirit Retreat St Joseph Catholic Church 1791 Marshall Rd, Vacaville, CA 95687	Payment Type: Cash: _____ Chk: _____ Check#: _____ Amt: _____
On July 10 to 11, 2021 “For You are my hope, Lord God, my confidence from my youth” – Ps 71:5		

Name: DEREK BOLIVAR Birth date: 05/13/2008 Age: 13
Address: 2755 GRACIE PL City: FAIRFIELD State: CA Zip: 94533
Home Phone: 707-439-3394 Cell Phone: 707-344-0627 Email: _____
Name of Parents/Guardians: LEM BOLIVAR / RHINA BOLIVAR (Home/Cell #: 4153358160 / 4154124080)
Email: lembolivar@yahoo.com Best Time to Contact Parents/Guardians: anytime
rhinabolivar@yahoo.com

Instruction: Registration Fee: \$30.00, 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 St. Joseph Catholic Church in Vacaville on **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 DEREK BOLIVAR, 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 UNITED HEALTHCARE **Policy/Group Number(s)** 913904720 / 168504

Special diets, allergies, medications, or any unusual medical condition(s).
NONE

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: 2755 GRACIE PL FAIRFIELD CA 94533 Emergency Contact & Info:
LEM BOLIVAR / RHINA BOLIVAR 4153358160/4154124080

RHINA BOLIVAR
Print Parent/Guardian Name



Parent/Guardian Signature

July 8, 2021

Date