



AWAKENING REGISTRATION FORM

Today's Date: _____

Name: _____ Nickname: _____ Sex: _____ Birth date: _____

Off-Campus Address: _____ CUH Box Number: _____
Street City State Zip Code

Phone: _____ Email Address: _____

Parents Address: _____
Street City State Zip Code

Parents Phone: _____ Parent(s) Email: _____

Class Standing: _____ (First Year, etc.) When do you anticipate graduating: _____

Major/Intended Major: _____ Are you a Vegetarian? YES NO

Other special dietary needs we need to accommodate? _____

In case of emergency please contact:

Medical Release

Name: _____ Relation: _____ Phone: _____

Name of Physician: _____ Physicians Phone: _____

Medical Insurance Plan: _____ Insurance No. _____

Please list any illness or health condition you may have which we should be aware of: (ex: asthma, heart condition, allergies etc.)

Release of Liability

I, the undersigned, acknowledge and fully understand the dangers and hazards inherent in activities on Oahu and outside islands of this state. In consideration of the services provided by the faculty and staff at Chaminade University of Honolulu, I hereby assume all the risks and responsibilities arising from my participation in the Awakening Retreat and Awakening Team Retreat and, for myself, my heirs, and person representatives, absolutely and unconditionally release and discharge the University and all of its officers, agents, and employees, acting officially or otherwise, authorized or unauthorized, from any and all claims, demands, and rights of causes of action which may arise from my participation in any Campus Ministry function or event on Oahu or any outside island in the State of Hawaii. I have caused this release to be executed during the scheduled days of the Awakening Retreat.

SIGNATURE: _____ DATE SIGNED: _____

OFFICE USE ONLY

Date Form Rec'd: _____ **Date Paymt. Rec'd:** _____ **Paymt Amt:** _____

Paymt Form: _____ **Paymt Rec'd By:** _____

Paymt Letter: _____ **Welcome Letter:** _____ **P.Letter:** _____

P. Letters Rec'd: _____ **Assigned P.P:** _____