



# Chaminade University

OF HONOLULU

## OFFICE OF RETREAT PROGRAMS New Student Retreat Registration Form

Today's Date: \_\_\_\_\_ Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ *Required*

Current Address: \_\_\_\_\_  
*Street City State Zip Code*

CUH Box Num: \_\_\_\_\_ Res. Hall Name and Room/Apt. Number: \_\_\_\_\_  
*These should only be filled out by students who live in University Housing*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Status: \_\_\_\_\_ (New Student, Transfer, etc) Class Standing: \_\_\_\_\_ (First Year, Second Year, etc)

Are you a vegetarian?  YES  NO

Other special dietary needs that we need to accommodate: \_\_\_\_\_

If you are a Marianist University exchange students please check one:  UD  StMU

Your major/intended major: \_\_\_\_\_ When do you anticipate graduating? \_\_\_\_\_

### Medical Release

*In case of an Emergency, please contact:*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Medical Insurance Plan: \_\_\_\_\_

Insurance No. \_\_\_\_\_

### 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 New Student 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. Therefore, I have affixed my signature causing this release to be executed during the scheduled days of the New Student Retreat.

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

### OFFICE USE ONLY

Date Form Rec'd: \_\_\_\_\_ Date Paymt Rec'd: \_\_\_\_\_ Paymt Amt: \_\_\_\_\_

Paymt Form: \_\_\_\_\_ Paymt Rec'd By: \_\_\_\_\_