



**AMI Conference 2010 Registration Form**  
**August 5 – 7, 2010, Thurs. – Sat.**

Hosted by Church of Southland (Anaheim, CA)

**Early Bird Registration by June 20**

*\* Registration Fee includes all meals*

*\* Please see below for Registration details*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M / F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Married / Single

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_  
(personal email or work email)

Profession / Occupation: \_\_\_\_\_

Home Church Name: \_\_\_\_\_

Any accompanying children?  YES  NO

\* If YES, then please fill out the "AMI KIDS" Registration – one form per child.

Interested in information on "AMI Family Vacation Packages"?  YES  NO

\* If YES, then we will contact you by email with additional information.

Shirt size: MEN's  Small  Medium  Large  X-Large  
WOMEN's  X-Small  Small  Medium  Large

Need Housing?  YES  No, I have my own arrangements

Need Transportation?  YES  No, I have my own arrangements  
(pick-up from the airport / drop-off at the airport?)

\*If you know your flight information (Airport, Airline, flight #, arrival / departure times), please list it here.  
Otherwise, we will follow-up with you via email:

\_\_\_\_\_

Any special needs (such as translations, or dietary, or medical, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**\*Registration details:**

**Early Bird by June 20:**

- ~ Singles = \$65
- ~ Married Couple = \$95
- ~ 1<sup>st</sup> Child Registration = \$25
- ~ 2<sup>nd</sup> Child Registration = \$15
- ~ 3<sup>rd</sup> (or more) Child Registration = FREE

**AFTER June 20:**

- ~ Singles = \$85
- ~ Married Couple = \$125
- ~ 1<sup>st</sup> Child Registration = \$40
- ~ 2<sup>nd</sup> Child Registration = \$25



## AMI KIDS Registration

(Please complete a Registration Form for each child)

Child's Full Name \_\_\_\_\_ M \_\_\_ F \_\_\_  
(PLEASE PRINT CLEARLY)

Birth Date \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed (by June): \_\_\_\_\_

Parent or Guardians Name(s) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_ Emergency Number \_\_\_\_\_

Home Church \_\_\_\_\_

Please list your child's allergies and/or special needs \_\_\_\_\_

Special Requests (will try, but no promises) \_\_\_\_\_

**Medical & Liability Release:** I, (We) the undersigned parent, parents, or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care to which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that reasonable effort shall be made to contact the undersigned prior to rendering treatment of the patient, but that any of the above treatment will not be withheld if the undersigned cannot be directly reached.

I (we) also acknowledge that participation in the educational activities of the AMI Kids involves an inherent risk of physical injury caused by, but not limited to, falls, collision with persons or objects, exertion, and assume all risks. Dangers related to such activities include, but are not limited to, communicable illnesses, broken bones, strains, sprains, cuts, scrapes, and bruises.

In consideration of the benefits to be derived from participation in AMI Kids, I (we) give express permission to my (our) child to fully participate in AMI Kids, and I (we) hereby do and will voluntarily forever waive and release any claims, actions, suits, and/or complaints against the Church of Southland and Acts Ministries International and their respective directors, officers, representatives, attorneys, agents, insurers, volunteers, members, counselors, leaders, and drivers.

**Photo/Video Release** I (we) understand that my child under 18 years of age may be recorded on a media device, including but not limited to, photographs, tape recorders, DVDs, CDs, and/or videotapes during AMI Kids, and I (we) hereby do and will authorize that these media devices may be used in promotional materials in connection with the Church of Southland and any of its ministries, auxiliaries, subsidiaries, and any other related entities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Incomplete forms **cannot** be processed)