Registration: (*please print*) Use one form per family

**Family Unit:**

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZipCode: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *What is YOUR T-shirt size* \_\_\_\_\_\_\_\_\_\_

Have you attended Seabeck before, which year(s) \_\_\_\_\_\_\_ Are you a Member of CSL? Yes\_\_ No \_\_

Fees-Payment Information:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Fee includes 6 nights, 18 meals and programs** | **Fee** | **#** | **Total $** | | **Spruce**  Adult *Single* occupancy Adult Double occupancy | **$1010** **$740** |  |  | | **Salal / Huckleberry**  Adult Single occupancy  Adult Double or Family occupancy  6th – 8th Grades (housed with parents, includes kayaking)  3yrs thru 5th Grades (housed with parents) | **$1050** **$755**  **$570**  **$495** |  | **Sold Out** | | **Inn, Inn Annex** (Adults only)Annex Single occupancyInn Single occupancy Inn *Double* occupancy | **$840****$920****$720** |  |  | | **Pines**Adult Single occupancyAdult Double occupancy | **$840****$590** |  |  | | **Family Housing (Cedars, Firs, Madrona, Maples)**-Adult - Middles School 6th to 8th grade( includes kayaking)  - Child 3yr s to 5th grade  - Toddlers 1-2 years old  - Infants no organized program and is with parent | **$605**$**550** **$450**  **$165**  **No Cost** |  |  | | **Teen Housing**Grades 9-12 in Fall & 2016 graduates | **$630** |  |  | |  | **Total** |  |  | |

Complete below for any/all additional family members (including Teens):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | T-shirt Size | Age (if under 18) | Youth: Grade in coming Fall | Gender |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Room Selections**

* + - * + I am registering as a Single \_\_\_ or Assign me a roommate please \_\_\_. (Note: to include as many people who want to attend Seabeck, we will place individual adults in rooms with other campers of the same gender and families in shared housing.) Preferred Roommate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        + Do you prefer (check one) \_\_\_\_Late night partier \_\_\_\_”Quiet by ten” roomie
        + Are you a light sleeper? ( ) yes ( ) no. A snorer? ( ) yes ( ) Do you prefer (check one) \_\_\_\_Late night partier \_\_\_\_”Quiet by ten” roommie

**Other Accommodations**:

### Meals are served family-style meals without red meat. Do you have special dietary needs?

|  |  |  |  |
| --- | --- | --- | --- |
| * Vegetarian | * Vegan | * Gluten Free | * Dairy Free |

Please list any food allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobility:** Do you or a family member require any accommodations with disability or impaired mobility? (Yes/No) List any other special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEASE OF LIABILTY

In recognition of CSL’s expenditure of resources in arranging the activities and events in which I participate, I hereby release Center for Spiritual Living and all its employees and agents as well as above named Activity Provider from liability for any injury I may suffer while participating in, or while transporting to and from, any such event or activity. I also release CSL from any obligation it may have to insure me against injury and from the consequences of my injuring someone else.

This release does not release any rights I may have to recover damages from or seek the benefits of insurance from CSL to the extent such damages or benefits are provided by insurance purchased by CSL or others. This release does not release or waive any liability of any person for intentionally causing injury, but does waive any liability CSL and/or its employees and agents may have for that person’s actions.

If for any reason this release does not waive my rights, I agree to indemnify and hold harmless CSL from all expenses and damages caused CSL by my asserting such rights. This release does not release any rights I may have to recover damages from or seek the benefits of insurance from CSL to the extent such damages or benefits are provided by insurance insuring CSL or others. This release does not release or waive any liability of any person for intentionally causing injury, but does waive any liability CSL and/or its employees and agents may have for that person’s actions.

MEDICAL RELEASE

Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other medical services and, to the extent not paid for by my insurance, agree to pay for same for myself or my minor child named below. I agree to indemnify and hold harmless the group leaders and any other representative of the Center for Spiritual Living and the Center for Spiritual Living itself, from all liability arising from this minor’s participation in and attendance at Center for Spiritual Living functions including all liabilities arising from injury to myself or named minor.

**Emergency Contact:**

**Name:** **Relationship:** **Phone:** **Alt. Phone:**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please note: You will need to opt out of photos if you do not want your picture taken for CSL publicity use.*

Deposit: *All* *registrations* require a $100 nonrefundable deposit per person (adults and youth).

**Payment in Full is required no later than** **August 01, 2017.**

Make checks payable to: **Center for Spiritual Living 5801 Sandpoint Way NE- Seattle, WA 98105**

Phone: (206) 527-8801 ext. 5101 Fax: (206) 527-4680 Email: [adulted@spiritualliving.org](mailto:adulted@spiritualliving.org)

**Office Use** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Date and Time received**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deposit Received**: $\_\_\_\_\_\_\_\_\_\_\_ **Paid by**: *cash \_\_\_ check# \_\_\_\_\_\_\_*

*MC or Visa #\_\_\_\_ / \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_ exp \_\_\_/ \_\_\_ Sec code \_\_\_\_*