Step one: Copy and paste link into search bar to reach this page (link should have been distributed by group leader



Step Two: Click registering a child (you will need to create an account if you have never registered online with Forest Home before)



***Note Children <u>CANNOT</u> register themselves!

Step Three: Log-in (if you do not have an account click Create New Account, for creating a new account skip down to steps for creating a new account)

E		🚺 ABOUT -	CAMPS & RETREATS	- 💩 GUEST GF	
				MY ACCOUNT	GUESTS
					Hi Gues
SIG	N IN				
	login. Use the email address that you pr	eviously used to register	NEW ACCOUNT		
	Email Address: *		-		
	aman@retreat.net			Create New	Account
	August second activation				
	Password: *				

If you have already registered and you forgot your account e-mail and/or your account cannot be located, please contact our Reservation Team at 909.389.4488 or by **E-MAIL**.

Step 4: Select an attendee (either already in the system or add another member)

Event Selection

Please verify inf	formation	abou	It the person th	hat will be attending this event.
Name: *			11.11	21222
Aman			Middle	Fmcsb
Birth Date: *	S			
January	~ 1	~	1950	
Grade: *				
Other		\sim	(for school	year 2017 - 2018)
Gender: *				
Male 🕓	/			
Attendee Email	Address	(Opti	onal):	
aman@retre	eat.net	į		
Please enter a u field blank if the	inique en y do not	hail ao	ddress for this a unique email	attendee over 18 years of age or leave the address.
Additional Int	formati	on		
This informa such as refe campion que	ation w rral inf estions	ill be orma	used to ga ation, churc	ther further guest information h information, military, and
What was th	e first	year	you came t	o Forest Home? *
2017				
What church	are yo	u cu	rrently atte	nding?
FMCSB	946			
Were you ref	ferred?	*		
O Yes				

Please check if the attendee is Active Duty Military.

Contract to Manual Accession and

Hi Aman Fmcsb! (Logout)

Continue

Step Five: Select Event...if this is a youth event the options will be 'Child Age 17 or Younger) click whichever apply.

🛈 🗊 🔒 https://mycircuit	ree.com/ForestHome/Registration/EventSelection.aspx (C Q Searc	ch	☆ ■
FOREST	🚺 ABOUT 🗸 🙆 CAMPS & RETREA	ats - 💩	GUEST GRO	UP - D MEDIA
CST. 1938		MY AC	COUNT GU	JESTS
	Event Selection		Hi	Aman Fmcsb! (Logout)
Р	lease select an event for yourself.			
	SELECT AN EVENT			
	YEAR 2017 Y TYPE All Y GENDER Male Y AGE 21+ Y TO All	GRADE	Other 🗠 To	Other ~
	Please select an event			
	2017 EVENTS		PRICE	AVAILABILITY
	FREE METHODIST CHURCH OF SANTA BARBARA 9/15-9/17			09/15/2017
				Continue

Step six: Medical Forms

Additional Information		Hillions Presid papers
ATTENDEE SELECTION	AMAN FMC58 2017 FREE METHODIST CHURCH OF SANTA BARBARA 9/15-9/17	
Dalarti Affarcian F. Madiati Fisiony	MEDICAL HISTORY - HEALTH HISTORY	
Terra and Caroliticas Cardematica	Chards 'Nus' or 'Nu' for and statement. Explain 'Nus' average balance	
	Adults, 12 years and ever may abases in dealine in ensure haddh Makery quantizers as their sure form.	1
	All the following Hastib Floring gravitant are adversifiedly absoluted by . You may have then their may a senser if you absolute.	
	Please understand that is an energency your bealth listing can bely with your care if you are energiautated.	
	Dava effective have a MIDICATION allargy?	*
	Has attantion had a reasont (with in good your) has gittle attan?	**
	Non-office data was had avegary?	No. 84
	Construction have any construction about a Heatman? (Such as Control, MSAA, CHT, Bahai Coll	No.
	in these discoveries in a second (with in 2 metho) represents any movementable discover?	·•• ••
	Has afternise had a report infortions allowed?	New 188
	Han affaction had a connet injury?	-
	Has effective experiment actives as changing as charings of brack?	No.
	De yes here distates?	No.
	Datas offendes have a Melazy of colours?	New Per
	Dasa offendes have any Matery of Secondarbaser relation?	No.
	Daan officering wave glassing, methods, as preincides symmetrif	No.
	Has attaction over had fairfiling as disalisant?	**
	Has effective over general set or had about gate during executes?	No.
	Han attaction over And lands or Julei problems T	No.
	Dass effective have any angeing able grablema?	No.
	Has attaced as involutional definition on arrivy in the grant 2 marity 17	-
		Cartinus

Step Seven: Emergency Contact: There should be two for Children

Additional Information

ATTENDEE SELECTION

Select Attendee Medical History Terms and Conditions Confirmation

AMAN FMCSB 2017 FREE METHODIST CHURCH OF SANTA BARBARA 9/15-9/17

MEDICAL HISTORY - EMERGENCY CONTACTS

Please provide emergency contacts in the order of who should be contacted FIRST. Any individuals listed here will be allowed to check out attendee at the end of their event.

A minimum of 1 contacts are required.

Add New Contact	
Relationship to Attendee	
Friend	
Contact's Full Name	
Michael James Maybell	
Daytime Phone	
805-215-7766	
Evening Phone	
805-215-7766	
Cell Phone	
805-215-7766	
Save	l
Cancel	

Step Eight: Medical Release & Terms and Conditions (must be signed to complete registration)

Hi Aman Fmcsb! (Logout)

HI Aman Fracabi (Legout)

Additional Information

ATTENDEE

Select Attendee Medical History Terms and Conditions Confirmation

AMAN FMCSB 2017 FREE METHODIST CHURCH OF SANTA BARBARA 9/15-9/17

MEDICAL HISTORY - RELEASE

Please read carefully and sign below to agree to the terms.

Authorization for Health Care:

By signing this form I give my informed commut to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic Field Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. Forest Home does not supply whiref chains and has limited supply of crutches for use in fair weather conditions only. Lunderstand that is is my responsibility to make amangements for myself/attentive with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice or supply with equipment. Lauthorize Torest Home, inc. to amange for or provide any necessary related transportation to the meanest medical facility for urgent or emergency medical treatment if indicated, and it do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, inc. to secure and administer any and all medical treatment doesnot necessary for myself/my attending, including hospitalization. This completed form may be photocopied for trips away from ferest Home, Inc. properties.

I have requested Forest Home, Inc. to allow myself/my attendee to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that myself/my attendee's participation in these activities can expose myself/him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself/my attendee and any other party who may have the right to assert any rights for or on behalf of myself/my attendee, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or Bablity (collectively, "Losses") arising from or in connection with myself/my attendee's participation in Forest Home, Inc.'s camp and its activities, including losses aming from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned, in the event that child abuse is reported while your attender is at Forest Home. we may fully cooperate with Child Protective Services and Law Enforcement for the best interest of the child. ACKNOWLEDGEMENT AND ASSUMPTION

OF RISKS INVOLVED:

These personally imported Forest Home or, waived my right to do so and realize the risks involved in participation in camp activities: I realize that Forest Home is not generally advised for use by those with special needs, the disabled or those with needs related to walking on their own such as with crutches or wheeldhair, that there are risks and dangers meroled in such activities and that unanticipated and unexpected dangers may arise during such activities. I am aware that although Forest. Home employs first aid providers for weekend and writer camp/summer conferences, that Advanced Life Support teams, should they be needed, are up to twenty minutes away from Forest Home property. Tam willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my attendee) that may be watarned on the occasion of the camp experiment (or my attendee) shall attend.

RELEASE OF RESPONSIBILITY:

I, as an adult or the parent and/or guardian of the individual named in this form giving permission for mg/his/her attendance at Forest Home on the dates specified herein, except for willful misconduct or gross negligence of Forest Home, its directors, officers, staff or any other persons connected therewith, agree to indemnify and hold Forest Home, and each of the persons connected therewith, harmless for injury or damage to the person or property of said individual.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all followed Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the torms herein.

Signature Aman Emcsb



Hi Aman Fmcsb! (Logout)

Additional Information

ATTENDEE SELECTION

Select Attendee Medical History

Terms and Conditions
Confirmation

AMAN FMCSB 2017 FREE METHODIST CHURCH OF SANTA BARBARA 9/15-9/17

TERMS AND CONDITIONS

Please read through the following terms and conditions. To agree to these conditions, check the box underneath each term and condition and type in your first and last name in the text box at the bottom of the page.

GUEST GROUP LEGAL TERMS

CONFERENCE CENTER:	^
agree to abide by hours set for stores and with other regulations, according to	
information provided through the group's coordinator and those posted on the grounds.	ľ
These include:	
Smoking is allowed only in certain areas.	
No alcoholic beverages on the grounds.	
No pets.	
FOREST HOME STATEMENT OF FAITH:	
Belief in the plenary inspiration of Old and New Testaments, holding them to be the very	۷
> >	
I agree to the terms and conditions listed above	

Required Signature: Aman Fmcsb

By signing, you are agreeing to all of the terms and conditions listed above.

Previous Continue

Be sure and Click the box^^

Step Nine: When fished it should say completed (you will <u>not</u> get a confirmation email).

	MY ACCOUNT GUESTS
ashboard > Itinerary List > Registration Detail	Hi Aman Fmcsb! (L
REGISTRATION DETAILS	ITINERARY #63
AMAN FMCSB (ENROLLED)	EDIT ATTENDEE BALANCE: N
Ojai Valley Free Methodist Church of Santa Barbara 9/15-9/17 09/15/2017 - 09/17/2017 Vears Attending Encest Home: 2017	Only an Administrator of Free Methodist Ch of Santa Barbara can make payments for th registration
CAMP SERVICES	INFORMATION Forest Home 40000 Valley of the Falls
Health Form Completed 05/24/17 Manage medical information	Forest Falls, Ca 92339 909-389-2300
View and sign terms and conditions	

Creating a New Account

*Please Note you will not be allowed to create a new account if you have done so before

Step One: If (creating account)

	HI GUESTI (Login)
CREATE NEW ACCOUNT	
MY INFORMATION	PRIMARY ADDRESS
My name *	Type *
Aman Fmcsb	Home 🗸
Gender	Address *
Male 🗸	A999 State Street
My email address *	Santa Barbara
aman@retreat.net	CA 92647
Were you a former camper? *	Country *
Yes No	United States
False a successfort	
Enter a password -	PHONE NUMBERS
	Number *
Confirm the password *	Home 805-999-9999 remove
••••••	
SECURITY QUESTION	edd enother phone
To help us identify you properly should you forget your pessword, please select and enswer a security question.	
Duestion *	
What was your childhood nickname?	
Possible Angeoret	
Leo	
ADDITIONAL INFORMATION	
How did you hear about Forest Home? *	
Friend / Colleague	
Are you a registered Campion or are you Interested in becoming one?*	
Ves - I am a Campion	
Ves - Laminterested in becoming a Campion	
■ No	
	cancel Create
	Create

<u>Step 2:</u> Who are you registering (click Family if you have more than one child attending or you and your child will be attending. Otherwise click on child.

$\textcircled{0} \textcircled{0} \textcircled{0} \triangleq https://mycircuitree.com/ForestHome/Registration/EventSelection.aspx}$	C Q Search	☆ 自 ♥ ↓ ♠
FOREST	🚺 ABOUT 🗸 🔕 CAMPS & RETREATS 🗸 💩 GUEST	group 🗸 🜔 media 🗸 😂 donate 🗸
	MY ACCOUNT	GUESTS
Event Selection		Hi Aman Fmcsb! (Logout)
WHO ARE YO	U REGISTERING?	
Before continuing registrati	on we ask that you first choose who you are registering.	
	A Child I am registering my child	
	A Family I am registering my family	
	A Group I am a leader registering my group	
	A myself	

<u>Step Three</u>: Select Year of Camp

		MY ACCOUNT	GUESTS
			Hi Aman Fmcsb! (Logout)
SELECT THE	EAR TO ATTEND		
Select the year you would l	ike to attend.		
	2017		
	2018		

Step four: Refer back to Step four above^^ (if you have questions please email nikki.clark@foresthome.org.