

Revolution22 Youth
Medical & Liability Release Form

Student's Name (print) _____

I, the undersigned parent or legal guardian of the child named above, do hereby grant my permission and consent for the said child to attend and participate in the events and activities of Revolution22 Youth, both on and off church grounds, including the necessary transportation to and from these events and activities. I give permission for any quotes or pictures of my student taken to be used for promotional purposes.

Permission is granted for my child to receive medical care if: (1) such care is deemed necessary by the persons in charge of the event; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my parental consent would reasonably jeopardize the life, health, or well-being of the child affected; (3) I cannot be personally contacted.

I further agree not to hold Revolution22 or any of its paid staff or volunteers responsible for any accident that may occur on the way to, from, or during an event. I indemnify, defend and hold harmless Revolution22 for all claims made and liabilities assessed against them as a result of any event or activity. I release Revolution22 and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from any event or activity.

Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action (when on trips), I will be contacted by the leaders and will be responsible to pick my child up and assume the cost of transportation.

By signing below, I am acknowledging that I have read through and understand the above statements.

Signature of Parent or Guardian

Date

Medical Information

Physician _____ Phone _____

Medical Insurance Company _____

Policy # _____ Member's Name _____

Allergies / Meds _____

Other _____



We're happy your student wants to participate in our event.

**PLEASE READ THE FOLLOWING CAREFULLY AND ONLY SIGN
IF YOU FULLY UNDERSTAND AND AGREE TO ALL**

The following is **expected** from all participants:

- They will refrain from drug and alcohol use.
- They will follow all youth leaders' requests
- They will refrain from fighting and inappropriate physical contact.
- They will stay within a group at all times.
- Students will refrain from all physical contact with other students of the opposite sex.

If you and your student agree to the above expectations, please sign the agreement below. If for any reason your student is found to not be following the above guidelines, then:

- They may be asked to Contact you, the parent, to discuss their behavior, or
- They may be removed from participating in activities.
- If the unlikely eventuality should occur where your child would be removed from participating in any activity, there will be no refund of monies paid for the activity.

Event being attended by student

Date(s) of event

Signature of Student

Printed Name

Signature of Parent/Guardian

Printed Name





Rev22 Youth Camp Registration Form (Camp Dates: _____ - _____)

CAMP FEES:

Standard Registration \$ _____ if received by _____

Late Registration \$ _____ if received after _____

Camper's Name: _____
First MI Last

Birthdate: _____ mm/dd/yy Male ____ Female ____

T-Shirt size (circle one): S M L Youth Size or S M L XL 2X 3X Adult Size

Circle the grade you are going into for the next School Year starting fall of 2015
6 7 8 9 10 11 12

STUDENT INFORMATION

Student E-mail: _____ Student Cell Number _____

Student's Primary Guardian(s) _____

Student Home Address _____

City: _____ State: _____ Zip: _____

FAMILY INFORMATION

Primary Parent/guardian Name _____

Parent/guardian Cell Number _____

Address: _____

City: _____ State: _____ Zip: _____

Individuals authorized to pick student up from camp:

Contact: _____
Name Relationship Phone

Contact: _____
Name Relationship Phone

Contact: _____
Name Relationship Phone

Emergency Contact: _____
Name Relationship Phone

PAYMENT INFORMATION Check Enclosed / Mailing Check / Paying Online

If you wish to cancel any camper's registration, you may do so by contacting us via phone, mail, or email. All cancellations received by _____ will be refunded. There will be **NO REFUNDS** for any cancellations received **AFTER** _____.