

Registration Form

youth name_____

dob_____ age_____

address_____

city_____ zip_____

parent/guardian_____

phone #_____

emergency contact_____

emergency phone #_____

insurance company_____

Parent Consent Form

I, the legal parent/guardian of the above named youth give my permission

to South Hill Calvary Chapel, Pastor Jason and leaders to seek and obtain necessary medical and emergency treatment and release them from liability for damages, losses and injuries incident to this event. I have medical insurance for the above student

signature_____

date_____

please note any dietary/medical needs of the above youth
