

# 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_