



**Youth Registration/Release Form**  
LMC Celebration of Church Life June 10 – June 12

Student's Name \_\_\_\_\_

Youth Group Name/Church \_\_\_\_\_

Dates Attending Event \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Name & Phone Number \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Medications being taken and dosage

\_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

**IMPORTANT:** Any youth who may require an inhaler or EpiPen **MUST** have them.

**PLEASE SEND MEDICATIONS WITH YOUTH. ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER.**

I give permission for my above-named child to participate in the Focus Youth Rally at Camp Hebron Friday June 10 – Sunday June 12, 2022. I release, indemnify and hold harmless LMC, church youth leaders, Camp Hebron and their staff, sponsors, advisors, volunteers, officers, directors, and agents from any and all liability, suits, claims, damages, and expenses relating to or arising from my child's participation in related activities, including but not limited to illness, injury, and property damage. In the event of an emergency, I hereby authorize adult leaders of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care including anesthesia advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office, urgent care, or in any hospital. I understand that organizers of the event cannot assume responsibility for medical expenses for my child and agree to pay any such expenses incurred with respect to such medical emergency. I expect to be contacted as soon as possible. I affirm that, to the best of my knowledge, the medical health information is correct. I give consent for my above-named child to be a part of any photograph that is taken at the event and will not expect compensation for or deny use of such. Intending to be legally bound, and to bind my child and my heirs, assigns, and personal representatives, I have signed below. I authorize this form to be photocopied and/or faxed for medical use. By my signature below, I verify that I am custodial parent or legal guardian of this child.

Signature of parent or legal guardian

\_\_\_\_\_

Date \_\_\_\_\_

\$25.00 Registration Fee

☐

Paid

Reference/Check No \_\_\_\_\_

