



SOUTH SEAVILLE
Camp Meeting

South Seaville Camp Meeting Association

2019 Youth Revival Registration and Permission Form

Please fill out one form per child:

Student: _____ Phone: _____
Address: _____ Grade (circle one): 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12

T-Shirt size (circle one): S / M / L / XL / XXL / XXL

Parent/Guardian Phone: Home: _____ Work: _____

Other Contact Phone: Home: _____ Work: _____

Parent/Guardian Email: _____

Doctor: _____ Phone: _____

Insurance provider: _____ Policy number: _____

If your child has significant special needs, please contact us before registering at SSCMAyouth@hotmail.com so that we may plan appropriately.

Medical Information and/or Restrictions (e.g. allergies, carries inhaler, etc.):

I believe that South Seaville Camp Meeting Association (SSCMA) is providing adequate supervision for this event, but I understand that participation of my child at this event is at my own risk. I consent to participation of my child and authorize the SSCMA Board of Directors or their designee/volunteers to take whatever reasonable steps (s)he deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle. I understand and agree that I will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of my child.

Parent / guardian signature

Date