

Regional Youth Assembly 2024 Emergency Release Form - Youth

January 19th-21st

Name of Youth: _____

Allergies, medical conditions, or medications: _____

Emergency Contact Name (other than Parent/Guardian): _____

Phone: _____ Relationship: _____

Insurance Company: _____ Policy Number: _____

Family Doctor Name and Phone Number: _____

I understand that the adult sponsors from the above church/organization during this event will be responsible for the above named participant, for whom I am legally responsible. In case of an emergency, I give my permission for medical treatment to be administered. I grant permission for this individual to participate fully in said trip, and hereby give permission to take this participant to a doctor or hospital, if necessary, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment. I assume the responsibility of all medical bills, if any are incurred. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I will assume transportation costs.

Parent or Guardian signature/date

If the adult sponsors from the above church/organization decide to take the youth from the church/organization off the grounds of Epworth by the Sea, I give my permission for my child to go. I understand that the Christian Church in Georgia (Disciples of Christ) is not liable for accidents, injuries or events that may occur while my child is off the Epworth by The Sea premises.

Parent or Guardian signature/date

Please make two copies, one to return to the Christian Church (Disciples of Christ) in Georgia and one for an adult sponsor of this group to have on hand during this event. You must have a completed and signed Emergency Release Form to attend this event.