



# BEECH MOUNTAIN YOUTH RETREAT

## Registration and Medical Release Form

### Youth Release of Liability Agreement

Calvary Chapel's  
March 2010  
South Carolina

#### Church Information:

Name of Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

#### General Information:

Name of Youth: \_\_\_\_\_ Circle M / F Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

#### Medical Insurance Information:

Your Insurance Carrier will be billed for medical expenses in case of illness or injury.

Group #: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Primary Insured's Name: \_\_\_\_\_

Personal Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does Youth require any special medication? \_\_\_\_\_ If yes, list dosage and instructions: \_\_\_\_\_

Does Youth have any allergies? \_\_\_\_\_ If yes, list allergies: \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby consent and authorize permission for emergency medical treatment, not limited to, but including; hospitalization, anesthesia, injections, surgery or whatever is deemed necessary by Medical Professionals for the care of (Youth):  
\_\_\_\_\_

I/we agree to release Calvary Chapel of Aiken, Columbia, its Leaders, employees, or volunteer staff, and all Beech Mountain Youth Retreat staff, from any liability for any damages, losses, diseases, or injuries incurred by said Youth (youth sign): \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the information and activities in reference to Beech Mountain Youth Retreat, and I hereby give permission for the subject of this release, (youth): \_\_\_\_\_ to participate in the scheduled activities of the retreat.

There is a possibility (Weather Dependant) to go **either**; ½ day Skiing (an extra \$39.00 per person) **OR** 2 hour Snow Tubing (an extra \$20.00 per person). This amount would be over and above the \$50.00 per person retreat fee. Please indicate if you will be participating in one of these activities. Also, please have Youth bring extra monies with him/her for the activity. The money will be collected by the Ski / Snow Tube facility at time of activity.

Yes, \_\_\_\_\_ will have extra money for Skiing (\$39.00)

Due to scheduling both activities will be going on at the same time.

Yes, \_\_\_\_\_ will have extra money for Snow Tubing (\$20.00)

No, \_\_\_\_\_ will not be participating in the extra activities.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_