SAVANNAH PRESBYTERY

PRESBYTERIAN YOUTH TRIENNIUM

REGISTRATION FORM

STUDENT INFORMATION

Youth Name _____ Date of Birth ____ /____ /____

Gender ◯ Male ◯ Female Grade Completed as of June 2024 _____

Home Address _____

City, State _____ Zip Code _____

Youth Email _____ Youth Cell # _____

Home Church Name _____

Leader's Name _____ Leader's Email _____

PARENTAL/EMERGENCY CONTACT INFORMATION

Parent/Guardian Name _____

Cell Phone _____ Email _____

Emergency Contact _____ Emergency Phone _____

Relationship to Student _____

MEDICAL INFORMATION

Allergies _____

_____

Health History (please include any prescribed medications and instructions in Savannah Presbytery leaders are to administer) _____

_____

_____

Month/Year of last tetanus shot _____

Insurance Company _____ Insurance Group or Policy # _____

Insurance Policy Holder Name _____

PARENTAL CONSENT AND LIABILITY RELEASE

The undersigned does hereby give permission for my youth: ("Participant"), to attend and participate in events sponsored by Savannah Presbytery.

Signature _____ ____ /____ /____

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Signature _____ ____ /____ /____

SAVANNAH PRESBYTERY

PRESBYTERIAN YOUTH TRIENNIUM

REGISTRATION FORM

PARENTAL CONSENT AND LIABILITY RELEASE

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Parent/Guardian Signature _____ ____ /____ /____

LIABILITY RELEASE: In consideration of Savannah Presbytery allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Savannah Presbytery, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands, for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I) the parent(s) or legal guardian(s) of the Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission are hereby given to said Church to furnish any necessary transportation, food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred.

Parent/Guardian Signature _____ ____ /____ /____

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Parent/Guardian Signature _____ ____ /____ /____

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an adult chaperone while attending and participating in activities sponsored by Savannah Presbytery.

Parent/Guardian Signature _____ ____ /____ /____

PHOTO PERMISSION: I grant permission for Savannah Presbytery to publish pictures of my child(ren) or youth on the church website, social media, or in the press releases, newsletters, bulletins or other publicity information. I understand that I can contact a representative of the church if I wish to remove my child(ren) or youth from this approved list at any time.

Parent/Guardian Signature _____ ____ /____ /____

PAYMENT INFORMATION

Deposit of $340 due by November 30, 2024
Balance of $300 due by March 7, 2025
All payments must be paid online. Scan this QR Code