

Registration and Release Form

Name: _____ Grade: _____

Phone: _____ Address: _____

In case of Emergency Notify: _____

Medical Ins: _____ Policy #: _____

I give permission for person mentioned above to participate fully in the SCC _____, including travel to and from the event. I understand that in case of emergency, every effort to contact me will be made and I hereby give my permission for the adult youth leadership staff of SCC to take the above named participant to a doctor or hospital and I hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and I as the parent/legal guardian, assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I assume all transportation responsibilities. I also understand the start & end times & location of said event and I understand that full, qualified supervision is provided at all events. Therefore, I will not hold SCC or any of its youth staff liable for my child before, during or after hours of youth events.

Parent/Guardian Signature

Date