

Youth Rally Permission Form

Each young person attending needs to complete one of these forms.

Name _____ Age _____

Address _____

City _____ ST _____ Zip _____

Church (attending with) _____

Emergency Contact Name _____

Emerg. Contact Phone _____

Date of last tetanus shot: _____

Allergies: _____

I hereby give my child permission to participate in the Youth Rally at Tri-State Bible Camp. In the event of an emergency, I hereby give permission to the staff and directors of the event to act as my agent in seeking medical treatment for my child. I also give my permission to the physicians selected by Tri-State to hospitalize and secure proper treatment and order anesthesia, surgery or any services deemed necessary for my child as named on this registration form. I understand every effort will be made to contact parents or guardians in the event of an emergency. I understand that all off site medical expenses will be billed through the parents health insurance policy. I also agree to the use of photos, including my child, in youth rally publicity. I hereby release the Fellowship of Fundamental Bible Churches and Tri-State Bible Camp/Conference Center of Montague, NJ, 07827 from responsibility and liability for any injury or illness that my child may sustain while at this facility.

Signature of Parent/Guardian: _____

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