

RCM 2023 Youth Ministry Registration Form

Registration Fee - \$30 (per week) / \$50 (for both weeks)

_____ Child's Name		_____ Date of Birth	[] Male [] Female
_____ Address		_____ Youth Cell Phone Number	_____ Grade Completed
_____ City	_____ State	_____ Zip Code	_____ parent email (please print clearly)
_____ Home Church		_____ Youth Ministry (if other than home church)	

Parental Release I give permission for my child, _____, to participate
Child's Name
in the Youth activities of Rawlinsville Camp Meeting.

- I give permission for the Rawlinsville Camp Meeting Staff to transport my child to and from any offsite activities in a manner which the staff of Rawlinsville Camp Meeting deems appropriate.
- I give Rawlinsville Camp Meeting staff permission to photograph, videotape, record, and interview my child during the camp session for the purpose of evaluation, promotion, or advertisement of the camp ministry. This is including, but not limited to, videos, newsletters, displays, and internet web sites.
- I state that I am responsible for the care and supervision of the above named child while they are attending Rawlinsville Camp Meeting. If I am unable to attend Rawlinsville Camp Meeting, I declare that _____ in cabin # _____ will be in attendance at Rawlinsville Camp Meeting during the hours that my child is attending RCM and will be responsible for the care and supervision of my child.
- I hereby release Rawlinsville Camp Meeting, its staff, and sponsoring churches from responsibility and liability for any injury or illness that my child may sustain during the activities of Rawlinsville Camp Meeting. I expect to be contacted as soon as possible in the event of an injury or illness requiring medical treatment. In the event of an emergency, I authorize an RCM staff member, as an agent for me, to consent to any medical, dental, surgical procedures deemed necessary by a licensed professional for the diagnosis, treatment and/or care of my injured or ill child.

_____ Parent Signature	_____ Date	_____ Day/Evening Contact Number
_____ Parent Name	_____ Parent Cell/Primary Number	
_____ Backup Contact Name	_____ Backup contact number	

Medical Information

Family Physician _____ Phone Number _____
Allergies _____
Medications _____
Physical Limitations or other medical conditions _____