



Galilee Church

An Episcopal Church in the Diocese of Southern Virginia

3928 Pacific Ave, Virginia Beach, Virginia 23451

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The Reverend Andrew D. Buchanan, Rector

Registration for 2019 Middle School Family Outreach Week

By signing below, I give my permission for my child, to attend/participate in the Galilee Church Youth retreat to NextStep Ministries. I understand that if he/she is not able/willing to follow the instructions of the Youth Ministry leaders and/or demonstrates dangerous or destructive behavior while on the trip, I may be contacted and will be responsible for picking my child up before the event concludes.

Authorization of Consent to Treatment of a Minor

I/we, the undersigned parent(s) of _____, a minor, do hereby appoint the Youth Ministry Leaders of Galilee Church as agents for the undersigned to any diagnostic test, physician treatment, or hospital care which is deemed advisable by, and is to be rendered under the supervision of the medical staff of a hospital of choice of the Youth Ministry Leadership. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnostic treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Legal Release: Release, hold harmless and indemnity agreement

In consideration of the aforementioned activity, Galilee Church Leaders are released from any and all liability whatsoever for any bodily injuries and property damage sustained in or around the aforementioned activity. The undersigned also agree to hold harmless and indemnify the aforesaid released church leaders in case of claim or law suit by themselves and/or members of their families to the extent of any and all costs, expenses, damages, judgments, verdicts, and/or attorney's fees. Minors will be held personally responsible for any vandalism and other damages resulting from delinquent behavior during this activity.

Name: _____ Birth date: _____

Address: _____

Parents/Guardians Email: _____/_____

This is my first trip with Galilee Student Ministry: Yes No

Phone: Father Primary # _____ Mother Primary # _____

Student Cell # _____

School: _____ Grade: _____

In case of emergency, please notify: _____ Phone: _____

Allergies/Medications: _____ Schedule of medications: _____

Limitations on physical activity: _____

Health Insurance policy carrier: _____ Policy ID#: _____

Parent signature: _____ Date: _____

Student signature: _____ Date: _____