

**Permission Form for Celebration Presbyterian Church Events**  
**2300 Carolina Forest Blvd., Myrtle Beach, SC 29579 843.903.0308**  
[www.celebrationpresbyterianchurch.org](http://www.celebrationpresbyterianchurch.org)

Believing that God has called each of us – youth and adults – to live together in this place as a community of Christ, I promise to uphold this covenant by abiding by the following guidelines:

- To refrain from offensive, cruel, sexually explicit or otherwise inappropriate language, behavior and dress.
- To respect all personal, public and private property. I understand that my family and I will be responsible for any damage and repair costs.
- To refrain from use or possession of alcohol, illegal drugs, weapons and sexually explicit material during the event, as well as travel to and from the event.
- To fully participate in all scheduled activities. This means timely arrival and departure from all events, no use of any personal electronic devices during events, keeping to the schedule and obeying curfew policies.
- To sleeping in my own assigned room. In case of an emergency it is critical that I can be located where I am assigned to be.
- To live with careful consideration of my surroundings, group, community and the world by attending to my health, my willingness to listen and learn and my openness to God’s direction.
- To obey all other rules and regulations of the retreat center and/or event coordinators, your traveling group and advisors.

By signing below, you acknowledge and agree to abide by the above. The following signatures also serve as a permission release for photographic images for post event and future event promotion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Treatment for Minors**

In the event that I am injured or become ill and need medical treatment, I give my permission for this treatment to be issued. I understand that Celebration Presbyterian Church is not responsible for any medical charges or follow up costs. I will be responsible for these costs and will hold harmless the church for any expenses, claims or liability arising from an injury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Insurance Policy Number

\_\_\_\_\_  
Emergency Contact Secondary Phone

**CELEBRATION PRESBYTERIAN CHURCH**

**2300 Carolina Forest Blvd.**

**Myrtle Beach, SC 29579**

**843.903.0308 FAX 843.903.0345**

**Rev. Gary N. Lowe, Pastor**

**MEDICAL AND LIABILITY RELEASE FORM**

Student's Name \_\_\_\_\_ Birthday/Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

In Emergency, Notify \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH HISTORY: Allergies and other conditions:**

\_\_\_\_ Insect Allergies

\_\_\_\_ Drug Allergies

\_\_\_\_ Other Allergies

\_\_\_\_ Frequent Colds

\_\_\_\_ Heart

\_\_\_\_ Asthma

\_\_\_\_ Physical Handicap

\_\_\_\_ Epilepsy

\_\_\_\_ Hay Fever

\_\_\_\_ Diabetes

\_\_\_\_ Frequent Stomach Upsets

**If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):**

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

\_\_\_\_\_

Swimming restrictions: \_\_\_\_ No \_\_\_\_ Yes Explain \_\_\_\_\_

Activity restrictions: \_\_\_\_ No \_\_\_\_ Yes Explain \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? \_\_\_\_ Yes \_\_\_\_ No

If "Yes" Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_