



MegaTeen Retreat Registration Form and Medical Release

I am a (please check one): ___ Student: \$45 ___ Alum or Sponsor: \$40
* All alumni must register and pay but need only list name, church, shirt size and sign the bottom

Student/Alumni/Sponsor Name (Printed): _____ Grade: _____

Address (street/city/zip): _____

Parent's Phone/Cell Number(s): _____ E-mail: _____

Student's Home Church (Name and City): _____

Sponsor Student is Attending With: _____

Student will be in the dorms with _____ Student will be in group sleeping quarters

T-shirt Size: S M L XL XXL XXXL

REGISTRATION IS NOT VALID WITHOUT THE FOLLOWING TWO SIGNATURES!

1. Student Commitment:

I will fully cooperate with SBA staff, sponsors, rules and expectations established for MegaTeen. I understand that failure to do so may result in my being asked to leave MegaTeen early.

Student Signature: _____ Date: _____

2. Parent/Alumni/Sponsor Release

I agree that I (alumni/sponsor) or my above-named child may attend the MegaTeen Retreat on the campus of Sunshine Bible Academy in Miller, SD, and agree to him/her taking part in all of the activities of the retreat listed below with the exception of those listed. I acknowledge that these activities involve the risk of serious injury or even death. I acknowledge the need for responsible behavior and compliance on my/his/her part.

The activities may include: sporting activities/games/team sports/field games (such as, but not limited to, basketball, volleyball, ping pong, dodge ball, soccer), and interaction with other retreat attendees. While participation in recreational activities is optional for attendees, specific recreational activities may be excluded at parental request.

Please exclude my child from participating in: _____

I give permission for my child to be given the following medications as needed/requested:

Acetaminophen Yes No Ibuprofen Yes No Cold/Allergy Medicine Yes No
Antacid Yes No Meds for Stomach Yes No

Known allergies (including food, medication, insect stings): _____

I understand that I am responsible for my/my child's actions and will be held financially responsible for any damage done by me/my child. I will pay for any and all repairs necessitated by such damage. I give permission for my/my child's image to be used for MegaTeen informational and promotional purposes and to appear online.

In the event of an accident or illness during this event that requires immediate treatment, I agree to receiving/my son/daughter receiving first aid and medical treatment from qualified practitioners, including life-saving treatments, as may be considered necessary by a licensed medical provider. I also authorize transportation of myself/my child, by ambulance if necessary, to the nearest available medical facility. I understand that every reasonable effort will be made to contact parents before such action is taken with students unless it is an extreme emergency. I accept the responsibility for all costs of medical services incurred. I understand the extent and limitations of the insurance coverage provided by the organization sponsoring the event and that my medical insurance is primary.

Parent/Alumni/Sponsor Signature: _____ Date: _____

Printed Name: _____