



Minor Registration Form

St. George Island Christian Retreat Center

Phone: (850) 370-6560

www.sgichristianretreat.com

Guest Name _____

Parent/Guardian Name(s) _____

City/State/Zip _____

Phone () _____ Emergency Phone: _____

Birthdate / / Church you attend: _____

Waiver of Liability/Medical Release

- A. I give my permission for my child to participate in recreational, swimming, and learning activities and to be bound by all Retreat policies in force.
- B. I desire that my child participate in the full range of Retreat activities and acknowledge that the natural conditions of the Retreat and the interaction with other children of various ages may subject my child to risk of injury.
- C. I, therefore, release the St. George Island Christian Retreat Center, and the First Baptist Church of St. George Island from any responsibility other than normal supervision and care. In case of accident, I will hold harmless the SGI Christian Retreat Center, their staff, management, faculty, volunteers, or officers liable. Furthermore, I waive any claim or cause of action against the foregoing parties which may arise as a result of accident or injury to my child.
- D. In case of emergency; I hereby give permission to the physician selected by the Retreat management or the camper's Group Leader to secure proper treatment for my child as named on this form. Doctor calls, treatment, or hospitalization are to be charged to our family insurance.
- E. I understand that the St. George Island Christian Retreat Center and its staff shall not be held responsible for any articles lost, stolen, or left at camp.
- F. By registering my child at the St. George Island Christian Retreat Center, I give my consent for the camp to use my child's photograph or likeness in camp promotions and publicity.

On this _____ day of _____, 20_____.

Signature of Parent or Guardian

Print Name of Parent or Guardian