

Youth Olympics 2019

EMERGENCY TREATMENT/LIABILITY RELEASE PARENTAL PERMISSION FORM

Shenandoah Valley Academy & Elementary



Potomac Conference
Adventist Youth Ministries

**THIS FORM MUST BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN FOR
CHILDREN AND TEENS UNDER 18 YEARS OF AGE.**

Contact person in case of emergency

NAME: _____

ADDRESS: _____

Street

City

State

Zip Code

EMAIL: _____

CELL: () -

WORK: () -

I give permission for my Child/Teen (Full Name), _____ to attend the Youth Olympic Games Event on June 9, 2019, sponsored by the Potomac Conference Adventist Youth and Young Adult Ministries Department, taking place at Shenandoah Valley Academy. I give permission for my Child/Teen (Named above) to participate in events or activities that are not his/her age as detailed in the Rules and Guidelines of the event. Should my child require medical treatment, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being. I also will not hold the Potomac Conference Corporation, Shenandoah Valley Academy and/or Elementary or the event leaders & sponsors responsible for any accident, which might occur.

Date: _____

(Signatures of Parent/Guardian)

(Printed Name of Parent/Guardian)

Please attach or list below any medical problems, allergies or medications.

Please email or send this Release Form to:

**Potomac Conference of Seventh-day Adventist
Attn: Youth Department
606 Greenville Ave
Staunton, VA 24401**

Phone: 540-886-0771

Fax: 540-886-5734

Email: youth@pcsda.org