

MESSIAH LUTHERAN CHURCH: REGISTRATION, PERMISSION AND RELEASE

June 2017 - August 2018
EDUCATION • FLIP • YOUTH ACTIVITIES

Youth information:

Youth's Name _____ Home Telephone _____

Address _____ City _____ State _____ Zip _____

Household email address _____

Birth date _____ Baptism date _____

School Attending _____ Grade (2017-2018) _____

Parent(s)/Guardian(s) Name(s) _____

Address of Parent(s)/Guardian(s) if different from above _____

Home Telephone of Parent(s)/Guardian(s) if different from above _____

Work Telephone of Parent(s)/Guardians _____

Youth is: a member of Messiah Lutheran Church a guest of _____
 a regular visitor (Name of Messiah member sponsoring guest)

My child will attend: FLIP Sunday School

I will commit myself to assist in the following ways: _____

Permission and Release:

I hereby give permission for my child, _____, to participate in events and activities sponsored by Messiah Lutheran Church's Faith Life In Progress, Sunday School, Education or Youth Ministry programs during the summer and school year from June 1, 2017 through August 31, 2018. Activities include both on and off site events (prior notification will be given for travel).

I hereby give permission for photos to be taken and/or used for publicity purposes _____

I have been informed that the children will be transported in privately owned vehicles by parents and/or staff/adult volunteer leaders of Messiah Lutheran Church for events and activities outside the church grounds.

The following named individuals are permitted to pick up my child from FLIP, Education, or Youth activities and events:

Name _____ Phone _____, Name _____ Phone _____

I hereby waive, release, absolve, indemnify and agree to hold harmless Messiah Lutheran Church, its staff and adult volunteer leaders, for any claim arising out of any injury to my child during any event or activity whether the result of negligence or for any other cause.

Date _____ Signed _____
(Parent or Legal Guardian)

Please complete reverse side of this form

Medical Release Form

Brief statement of any medical condition:

Significant past injury and/or illness:

Medication required or being taken (include type of medication, dosage and how often):

Please provide information about allergies, or allergic reactions that Messiah Lutheran Church should have in case of emergency:

Date of last tetanus shot:

Medical Insurance Company:

Policy Number:

Primary Insured's Name:

Regular Physician's Name:

Phone Number:

Dentist's Name:

Phone Number:

In case of emergency, please contact:

Primary Contact's Name: _____

Relationship (friend, relative) _____

Phone Number: _____

Alternate Contact's Name: _____

Relationship (friend, relative): _____

Phone Number: _____

In the event of an emergency, illness or injury occurring to my child, I hereby authorize a staff member or an adult volunteer leader of Messiah Lutheran Church to act as an agent for me, to consent to any medical or dental examination, diagnosis and/or treatment performed by a licensed health care provider, practitioner or hospital. I agree to be financially responsible for the cost associated with these services. I expect to be contacted as soon as possible with regard to any such emergency, illness or injury.

Date: _____

Signed: _____

(Parent or Legal Guardian)