

**MESSIAH LUTHERAN CHURCH: REGISTRATION, PERMISSION AND RELEASE**

**June 2018 - August 2019**  
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 (2018-2019) \_\_\_\_\_

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, 2018 through August 31, 2019. 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)