

**FAITH LUTHERAN CHURCH**  
**Youth Information & Waiver Documentation**  
(Youth are children in Preschool through High School)



**SECTION 1: FAMILY INFO**

FAMILY NAME: \_\_\_\_\_

NAME(S) OF YOUTH: \_\_\_\_\_

NAMES OF PARENTS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

EMAIL ADDRESS(ES): \_\_\_\_\_

MOBILE NUMER(S): \_\_\_\_\_

**CONSENT AND HOLD HARMLESS**

I understand that my child's/ward's presence at and participation in overnight and away events present varying degrees of certain risks, some of which are unknown, which may arise from a condition of the premises at which the program is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements. I acknowledge that such known and unknown risks exist, I understand that my child/ward may incur personal injury or property damage while attending such an event, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward. I understand that all reasonable safety precautions will be taken by the staff, leaders and volunteers, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Faith Lutheran Church, Grand Blanc, MI its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

**MEDICAL RELEASE**

I consent to first aid and emergency medical care for my child/ward and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in church sponsored events. I understand that I am responsible for any and all medical expenses that may be incurred by my child/ward, including emergency medical transport, as a result of any accident or illness while participating in such events. I give permission for Faith Lutheran to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child/ward for medical care.

**CONTACT RELEASE**

I give permission for my child/ward to be contacted directly by a representative of Faith Lutheran Church through individual non-video messaging means for the purpose of information and encouragement.

**PUBLICITY RELEASE**

My child/ward's photo, first name, quotes and/or likenesses may be used in brochures, newsletters, ads, web pages, video and other media at Faith or Faith Lutheran streaming channels and may be displayed throughout the school/church campus. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likenesses.

**DISCIPLINE**

If any conduct of my child/ward warrants them to be excused from participation in any event, I assume all responsibility for disciplinary action and agree to pick up my child upon being notified by the event coordinator. Should it be necessary for my child/ward to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

I, the undersigned, being the parent or legal guardian of \_\_\_\_\_

(printed name(s) of children/ward(s) above) have been informed of the events sponsored by Faith Lutheran Church, Grand Blanc, MI and hereby give my consent for my child/ward to participate in these activities.

Adult/Legal Guardian Signature

Date

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**SECTION 2 : INDIVIDUAL YOUTH INFORMATION**

**EMERGENCY CONTACT INFO FOR ALL:**

EMERGENCY CONTACT: \_\_\_\_\_  
(name) (work/ext.) (mobile)

RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
(name) (work/ext.) (mobile)

RELATIONSHIP: \_\_\_\_\_



**YOUTH**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ BAPTISM DATE (optional): \_\_\_\_\_ T-SHIRT SIZE: (opt.): \_\_\_\_\_

ALLERGIES & OTHER HEALTH CONCERNS: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INSURANCE & DOCTOR INFORMATION:**

Carrier: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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**SECTION 3: INDIVIDUAL HEALTH & DOCTOR INFORMATION (cont.)** (This section is needed only for youth attending a retreat or other overnight event. Please complete for each youth only as needed).

**EMERGENCY MEDICAL INFORMATION**

PARTICIPANT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ Male      Female

If item is marked "yes," please explain.

\_\_\_ YES \_\_\_ NO      Asthma? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Allergies? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Heart Condition/Cardiac History? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Other \_\_\_\_\_

Is participant subject to: (if "yes" explain).

\_\_\_ YES \_\_\_ NO      Headaches? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Seizure? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Motion sickness? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Fainting? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Sleep walking? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Upset stomach? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Other? \_\_\_\_\_

Does participant have reaction to: (if "yes" explain)

\_\_\_ YES \_\_\_ NO      Bee sting? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Penicillin? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Other drugs? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Poison Ivy, oak, sumac? \_\_\_\_\_  
\_\_\_ YES \_\_\_ NO      Other? \_\_\_\_\_

\_\_\_ YES \_\_\_ NO      Has the participant had any serious illness or surgery within the past ten years?  
\_\_\_\_\_

\_\_\_ YES \_\_\_ NO      Does the participant have any condition that would prevent him/her from participating in any event activities? Please list: \_\_\_\_\_

\_\_\_ YES \_\_\_ NO      Are there any drugs ineffective in treatment?

\_\_\_ YES \_\_\_ NO      Is the participant diabetic?

\_\_\_ YES \_\_\_ NO      Does the participant have any sight or hearing impairment?

\_\_\_ YES \_\_\_ NO      Does the participant wear contact lenses?

Date of last tetanus shot: \_\_\_\_\_

Please list any current medications: \_\_\_\_\_

Please indicate ANYTHING else that leaders should know to help avoid or deal with any situation that might arise:

\_\_\_\_\_

Adult/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_