

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



SECTION 1: FAMILY INFO

FAMILY NAME: _____

NAMES 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 1

LAST NAME: _____ FIRST NAME: _____ GRADE: _____

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

ALLERGIES & OTHER HEALTH CONCERNS: _____

IN WHICH PROGRAM(S) WILL THIS CHILD PARTICIPATE AND WOULD LIKE NOTICES/INFORMATION? (Check all that apply).

Sunday School Youth Hangouts Children's Messages

Wednesday Night Alive Confirmation

YOUTH 2

LAST NAME: _____ FIRST NAME: _____ GRADE: _____

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

ALLERGIES & OTHER HEALTH CONCERNS: _____

IN WHICH PROGRAM(S) WILL THIS CHILD PARTICIPATE AND WOULD LIKE NOTICES/INFORMATION? (Check all that apply).

Sunday School Youth Hangouts Children's Messages

Wednesday Night Alive Confirmation

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SECTION 2: INDIVIDUAL YOUTH INFORMATION (cont.)

YOUTH 3

LAST NAME: _____ FIRST NAME: _____ GRADE: _____

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

ALLERGIES & OTHER HEALTH CONCERNS: _____

IN WHICH PROGRAM(S) WILL THIS CHILD PARTICIPATE AND WOULD LIKE NOTICES/INFORMATION? (Check all that apply).

- Sunday School Youth Hangouts Children's Messages
 Wednesday Night Alive Confirmation
-

YOUTH 4

LAST NAME: _____ FIRST NAME: _____ GRADE: _____

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

ALLERGIES & OTHER HEALTH CONCERNS: _____

IN WHICH PROGRAM(S) WILL THIS CHILD PARTICIPATE AND WOULD LIKE NOTICES/INFORMATION? (Check all that apply).

- Sunday School Youth Hangouts Children's Messages
 Wednesday Night Alive Confirmation
-

YOUTH 5

LAST NAME: _____ FIRST NAME: _____ GRADE: _____

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

ALLERGIES & OTHER HEALTH CONCERNS: _____

IN WHICH PROGRAM(S) WILL THIS CHILD PARTICIPATE AND WOULD LIKE NOTICES/INFORMATION? (Check all that apply).

- Sunday School Youth Hangouts Children's Messages
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SECTION 3: INDIVIDUAL HEALTH & DOCTOR INFORMATION (This section is needed only for youth attending a retreat or other overnight event. Please complete for each youth only as needed).

PARTICIPANT NAME: _____ BIRTHDATE: _____ Male indicate one Female

EMERGENCY CONTACT INFO:

Emergency Contact: _____
(name) (work/ext.) (cell) (text? y/n)

Relationship: _____

Emergency Contact: _____
(name) (work/ext.) (cell) (text? y/n)

Relationship: _____

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: _____