



Registering for:

- checkbox Sunday School checkbox Wednesday Night Live
checkbox VBS/Day Camp, Overnights, Trips, Fellowship Events
Please check all that apply. Thanks!

Effective Dates: September 1, 20\_\_ - August 31, 20\_\_

Name Address City ZIP Date of Birth Grade Parent/Guardian Name(s) Phone Cell Phone Email

Emergency Contact

Name Relationship Phone Doctor Phone Dentist Hospital Preference

Health History and Information:

- Allergies: checkbox Insect Stings checkbox Drugs checkbox Other allergies:
Explanation
Other Conditions:
checkbox Heart Condition checkbox Frequent Colds checkbox Epilepsy
checkbox Chronic Asthma checkbox Upset Stomach checkbox Hay Fever
checkbox Diabetes checkbox Physical Handicap checkbox Other

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions, etc.):

Date of last tetanus shot: Name and dosage of any medications that must be taken during FLC activities:

Any swimming or activity restrictions? checkbox Yes checkbox No
What restrictions?

Do you have health insurance? checkbox Yes checkbox No
Name Policy Number Address

Please read and sign the back of this form

T-Shirt Size

- Youth: checkbox XS checkbox S checkbox M
Adult: checkbox S checkbox M checkbox L checkbox XL checkbox XXL checkbox XXXL

Medical Release

In the event that I can not be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership and/or activity supervisors to hospitalize, secure proper treatment and/or order an injection, anesthesia, or surgery for my son, daughter or legal ward as deemed necessary.

Liability Release

Every activity sponsored by Faith Lutheran Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events may occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities, and the transportation to and from these activities. They also agree not to hold this church, its employees, or its volunteers liable for damages, losses or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is both a medical and a liability release.

Signature of Parent/Guardian:

(required if participant is under 18 years of age)

Relationship to Youth Date

