

2010 – 2011 Luther Memorial Participant Form

Personal Information:

Participant's Full Name: _____

Birth date: _____

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Circle best # to call

Day #: _____ Evening #: _____ Cell Number: _____

Father's Name: _____ Circle best # to call

Day #: _____ Evening #: _____ Cell Number: _____

In case of an emergency, contact this person if parents cannot be reached:

Name: _____ Relationship to student: _____

Day #: _____ Evening #: _____ Cell Number: _____

Medical Information:

Does your child have any allergies or other medical conditions of which we should be aware?

_____ Yes (If yes, please explain on back of form) _____ No

Does your child have any diagnoses or history of behavioral or learning concerns about which we should be informed? _____ Yes (If yes, please explain on back of form) _____ No

Insurance Co. _____ Phone Number: _____

Policy # _____ Name of Insured: _____

Participant's Covenant

In registering for this event, I realize that I may be participating in events which purposes may include: Christian learning, service and fun. I will refrain from using alcohol, tobacco or illegal drugs - no smoking allowed. I will not bring anything that could be considered dangerous (fireworks, knives, lighter, etc.). I will participate fully in the life of the event, honor the time commitments, and respect the rights of others. I understand that failure to abide by this covenant will result in consequences; one of which includes being sent home immediately at my own expense.

Participant Signature _____

Date _____

Authorization for Participation of Minors (Under 18)

I give permission for my child to participate in Luther League activities sponsored by Luther Memorial Lutheran Church, including travel to and from locations, for the period of June 1, 2010 to August 31, 2011. I understand that my child's failure to abide by the covenant may result in his or her being sent home at my own expense.

Parent/Legal Guardian _____

Date _____

Medical and Liability Release of a Minor or Self

I, the parent/guardian of _____ (child's name), authorize a representative of Luther Memorial Lutheran Church Luther League to take such action as deemed necessary for the care, welfare and health of, myself/my child including the giving and consent of medical treatment. I hereby agree to indemnify and hold harmless from any expense of claims of any nature Luther Memorial Lutheran Church Luther League and its representatives. I understand that I am responsible for any charges that may be incurred.

Participant or Parent/Legal Guardian (if participant is under 18) _____

Date _____