

Central Lutheran Church Youth Activity Permission and Medical and Liability Release Form

Participation in youth activities is a privilege. All persons who attend are expected to honor and respect all others involved, and obey the rules as stated. Alcohol, drugs, and cigarettes are forbidden.

Participant Information

Name of Youth	Date of Birth		
Home Address	City	State	Zip Code

Parent/Guardian Contact Information

Name of Parent/Guardian	Home Telephone Number
Work Telephone Number	Cell Phone Number

Insurance/Medical Information

Health Insurance Company	Policy Number
Doctor Name	Doctor Telephone Number
Please list any allergies, medications and other medical information that will be useful to know	

I give my child permission to participate in youth activities. In the event that my child may require medical attention, I expect reasonable efforts will be made to contact me. However, permission is granted for the leaders of the activities to seek emergency treatment if needed.

I understand that in spite of the best efforts of the volunteer adult chaperones to provide a safe and healthy environment for my child, circumstances may arise leading to unintentional injury or losses on the part of my child. I do hereby release, forever discharge and agree to hold harmless Central Lutheran Church and the directors/ pastors/ volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses.

This form will remain in effect as long as the named youth is a participant in the program, or the youth reaches adulthood at 18. Please contact the church if any of the above information changes.

Parent/Guardian Signature: _____ Date Signed: _____