



Registering for:

- Registering for:
- [] Sunday School
- [] Wednesday Night Live
- [] 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 Phone
Hospital Preference

Health History and Information:

- Allergies: [] Insect Stings [] Drugs [] Other allergies:
Explanation
Other Conditions:
[] Heart Condition [] Frequent Colds [] Epilepsy
[] Chronic Asthma [] Upset Stomach [] Hay Fever
[] Diabetes [] Physical Handicap [] 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? [] Yes [] No
What restrictions?

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

Please read and sign the back of this form

T-Shirt Size

- Youth: [] XS [] S [] M
Adult: [] S [] M [] L [] XL [] XXL [] 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

