

# ALL SAINTS LUTHERAN CHURCH YOUTH & FAMILY MINISTRY

## Permission/Registration Form

# Event: Beach Bash!

Date: Wednesday, July 14, 2010 11:30 a.m. – 3:00 p.m.

Cost: \$5.00

I, the parent/guardian of \_\_\_\_\_ (Youth's Name) have given permission for the above named youth to travel and participate in all activities surrounding the above mentioned event sponsored by All Saints Lutheran Church. The above named youth has my permission to travel to various places included in the event and then back to All Saints Lutheran Church.

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless All Saints Lutheran Church, their agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither All Saints Lutheran Church, nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity.

## MEDICAL AUTHORIZATION

Allergies/Medical Conditions of which we should be aware: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

Please list any medication(s) that need to be brought to the event and when they need to be taken: \_\_\_\_\_

\_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_ (Youth's Name) do hereby authorize medical treatment for the above named youth, in the case of an emergency. In the case that I am unable to be reached, I hereby authorize the leaders of this trip to act on my behalf, in securing medical treatment for the above named youth.

In case of emergency, contact: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*By signing the above statements, I acknowledge that I have read, understand, and agree to the above statements.*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

PARENT(S) NAMES \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

Cell Phone Number (s): \_\_\_\_\_

## PAYMENT INFORMATION:

Enclosed is my check made payable to All Saints in the amount \$ 5.00 to cover expenses for this event \_\_\_\_\_ Yes \_\_\_\_\_ No

## All Saints Office Use Only:

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: Amount: \_\_\_\_\_

Check here if interested in being a chaperone: Name of Parent \_\_\_\_\_