

# Youth Group Information, Registration and Liability 2024-2025

## Child 1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any allergies, medications, comments,  
or special needs that may pertain to our work with your child:

\_\_\_\_\_

\_\_\_\_\_

May this child receive OTC medications: \_\_\_\_\_

### Food Allergies

		<u>Life Threatening</u>
_____ None		
_____ Dairy	___ Yes ___ No	
_____ Grain	___ Yes ___ No	
_____ Eggs	___ Yes ___ No	
_____ Peanuts	___ Yes ___ No	
_____ Other Nuts	___ Yes ___ No	

## Child 2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any allergies, medications, comments,  
or special needs that may pertain to our work with your child:

\_\_\_\_\_

\_\_\_\_\_

May this child receive OTC medications: \_\_\_\_\_

### Food Allergies

		<u>Life Threatening</u>
_____ None		
_____ Dairy	___ Yes ___ No	
_____ Grain	___ Yes ___ No	
_____ Eggs	___ Yes ___ No	
_____ Peanuts	___ Yes ___ No	
_____ Other Nuts	___ Yes ___ No	

## Parent/Guardian Information

Parent(s)/ \_\_\_\_\_

Phone 1: \_\_\_\_\_

guardian: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact (other than parent):

Best Time to Call: \_\_\_\_\_

Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Please read and sign the back.

In consideration for being accepted by First Lutheran Church for participation in any youth activity, we (I) do hereby release, forever discharge and agree to hold harmless First Lutheran Church, the directors and officers there of from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we(I)(and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. Permission is also given for youth to be photographed and photos to be used for display.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, officers, employees and agents, for any liability sustained by said church as the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If this participant has not attained the age of 21 years):

The undersigned does hereby give permission for our (my) child listed above, to attend and participate in any youth activity sponsored by First Lutheran Church from May 2024 - June 2025

Permission is hereby given to take said participant to a doctor or hospital and to authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and to assume the responsibility of all medical bills, if any. Youth staff and volunteers will attempt to contact parents or emergency contact as soon as they are able.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we(I) hereby assume all transportation costs.

Signature of Parent or Legal Guardian:

Date:

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Insurance Company

Policy Number

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Please list any other information that may be useful or important when working with the child(ren) listed above:

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