



**REGISTRATION AND CONSENT-WAIVER TO PARTICIPATE**

**EVENT NAME: "Date Night"—Child care**

**DATE OF EVENT: Friday June 18th 6-9pm**

Name of Participant \_\_\_\_\_ Grade/Age \_\_\_\_\_

Name of Participant \_\_\_\_\_ Grade/Age \_\_\_\_\_

Name of Participant \_\_\_\_\_ Grade/Age \_\_\_\_\_

Name of Participant \_\_\_\_\_ Grade/Age \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone Number where a parent / guardian can be reached \_\_\_\_\_

Please indicate any special diets, allergies, medication, illness or physical conditions of which chaperones should be aware: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_

I hereby authorize chaperones of the church supervising the activity program to administer emergency treatment for any accident or illness and to act in my stead in providing any medical care for the entire period of the activity.

I hereby waive the responsibility of First Lutheran Church and any chaperones for the loss of possessions and personal injuries for this event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



OFFICE ONLY: Received \_\_\_\_\_ Date