



REGISTRATION AND CONSENT-WAIVER TO PARTICIPATE

EVENT NAME: _____

DATE OF EVENT: _____ GROUP: Elem. Junior high Senior high

Name of Participant _____ T-shirt size: S M L XL XXL
(if needed for event)

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

I, as a participant in the above event, agree to participate in all of the activities, cooperate with the other youth and adults that are participating in such a manner that we can be as a group. This includes following directions, being on time, not using alcohol or other drugs, not smoking, and conducting myself with respect to others around me. I understand that conflict in these areas will result in a conference with those involved and in cases of severity, I will be sent home at my parent/guardian's expense (No matter what time of the day or night it is). I also agree to have a super time, enjoy myself fully and have a fun-filled faith-full experience.

Participant's Signature

Date



OFFICE ONLY: \$ _____ Check/Cash Received _____ Date _____