



REGISTRATION AND CONSENT-WAIVER TO PARTICIPATE

EVENT NAME: "Date Night"—Child care

DATE OF EVENT: Friday June 8th 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.

Participants, by involvement in programs or activities, give permission to use any photographs taken by First Lutheran Church for any and all church promotions and publicity.

Parent/Guardian Signature

Date

OFFICE ONLY: Received _____ Date