

TRINITY LUTHERAN CHURCH
Youth & Children's Information & Waiver Documentation



We ask that each participant in Trinity Lutheran, Muskegon, MI Youth & Children's Ministry overnight or away events complete the following. A PARENT OR GUARDIAN OF EACH PARTICIPANT LESS THAN 18 YEARS OLD MUST ALSO SIGN. Turn completed forms into the overnight/away event coordinator prior to the scheduled event. This information will be considered current for one year from the date signed. Please type or print in ink.

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____ BIRTHDATE: ____ / ____ / ____ Male Female
 PARENT/GUARDIAN NAME(S): _____
 PRIMARY HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CONTACT INFO (as available) Home phone: _____

Parent/Guardian: _____
(name) (work/ext.) (cell) (text? y/n)

E-mail: _____

Parent/Guardian: _____
(name) (work/ext.) (cell) (text? y/n)

E-mail: _____

Participant: _____
(name) (cell) (text? y/n)

E-mail: _____

EMERGENCY CONTACT INFO:

Emergency Contact: _____
(name) (work/ext.) (cell) (text? y/n)

Relationship: _____

Emergency Contact: _____
(name) (work/ext.) (cell) (text? y/n)

Relationship: _____

MEDICAL INSURANCE & DOCTOR INFORMATION:

Carrier: _____ Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

TRINITY LUTHERAN CHURCH
Youth & Children's Information & Waiver Documentation



EMERGENCY MEDICAL INFORMATION

PARTICIPANT NAME: _____ BIRTHDATE: ____ / ____ / ____ Male Female

If item is marked "yes," please explain.

- YES NO Asthma? _____
- YES NO Allergies? _____
- YES NO Heart Condition/Cardiac History? _____
- YES NO Other _____

Is participant subject to: (if "yes" explain).

- YES NO Headaches? _____
- YES NO Seizure? _____
- YES NO Motion sickness? _____
- YES NO Fainting? _____
- YES NO Sleep walking? _____
- YES NO Upset stomach? _____
- YES NO Other? _____

Does participant have reaction to: (if "yes" explain)

- YES NO Bee sting? _____
- YES NO Penicillin? _____
- YES NO Other drugs? _____
- YES NO Poison Ivy, oak, sumac? _____
- YES NO Other? _____
- YES NO Has the participant had any serious illness or surgery within the past ten years?

- YES NO Does the participant have any condition that would prevent him/her from participating in any event activities? Please list: _____
- YES NO Are there any drugs ineffective in treatment?
- YES NO Is the participant diabetic?
- YES NO Does the participant have any sight or hearing impairment?
- YES NO Does the participant wear contact lenses?

Date of last tetanus shot: _____

Please list any current medications: _____

Please indicate ANYTHING else that leaders should know to help avoid or deal with any situation that might arise:

Adult/Legal Guardian Signature: _____ Date: ____ / ____ / ____

TRINITY LUTHERAN CHURCH
Youth & Children's Information & Waiver Documentation



CONSENT AND LIABILITY WAIVERS

PARTICIPANT NAME: _____ BIRTHDATE: ____ / ____ / ____ Male Female

I give permission for my child to participate in youth/children's overnight and away events of Trinity Lutheran, Muskegon, MI for up to one year from today's date: _____. As a condition of my child/ward participating in overnight and away events I hereby agree to the following:

KNOWN & UNKNOWN RISKS

I understand that my child's/ward's presence at and participation in overnight and away events present varying degrees of certain risks, some of which are unknown, which may arise from a condition of the premises at which the program is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements. I acknowledge that such known and unknown risks exist, I understand that my child/ward may incur personal injury or property damage while attending such an event, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward.

Parent/Guardian _____

MEDICAL RELEASE

I consent to first aid and emergency medical care for my child/ward and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in church sponsored events. I understand that I am responsible for any and all medical expenses that may be incurred by my child/ward, including emergency medical transport, as a result of any accident or illness while participating in such events. I give permission for Trinity Lutheran to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child/ward for medical care.

Parent/Guardian _____

PUBLICITY RELEASE

My child's photo, first name, quotes and/or likenesses may be used in brochures, newsletters, ads, web pages, video and other media at Trinity and may be displayed throughout the school/church campus. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likenesses.

Parent/Guardian _____

LIABILITY RELEASE

I release and forever discharge Trinity Lutheran Church, its agents and servants, successors and assigns, directors, trustees, officers, employees and other representatives from any/all claims, damages and causes of actions either at law or in equity which I may have as a result of my (or my child's) participation in, attendance at, and travel to and from overnight and away youth and children's events. Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless Trinity Lutheran Church, its agents and servants, successors and assigns, directors, trustees, officers, employees and other representatives against loss from any and all present or future claims, damages or actions in law or in equity that may hereafter be made or brought by me (or my child), relative to the described youth and children's events, or travel to and from the youth and children's events. By acceptance of participation in youth and children's events, the undersigned agrees to the foregoing and also agrees that Trinity Lutheran Church its employees and other representatives shall not be liable for loss, damage, injury or inconvenience caused by or resulting from the malfunction of transportation equipment, strikes, acts of war or insurrection, fire, weather or natural disasters, delays, theft or itinerary or schedule changes or cancellations.

If any conduct of the participant warrants them to be excused from participation in any event, I assume all responsibility for disciplinary action and agree to pick up my child upon being notified by the Project Coordinator. Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

Parent/Guardian _____

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act.

Participant Signature _____ Date _____ Adult/Legal Guardian Signature _____ Date _____