

REGISTRATION AND CONSENT-WAIVER TO PARTICIPATE

EVENT NAME:				
DATE OF EVENT:	_ GROUP:	Elem. Junior high	Senior high	
Name of Participant			e: S M L XL eeded for event)	
Grade/Age		(iocada for overti	
Address				
Parent/Guardian Name				
Phone Number where a parent / guardian can be i	reached			
Please indicate any special diets, allergies, media aware:			•	rones should be
Medical Insurance Company				
Address				
Policy Number				
I hereby authorize chaperones of the church supervising illness and to act in my stead in providing any i				or any accident or
I recognize that there are risks involved in participating to my minor child in connection with his/her participar Lutheran Church, its trustees, officers, directors, employee which may occur to my minor child while participating ir trustees, officers, directors, employees, agents and repthe activity.	tion in this activ byees, agents a n the activity and	rity. To the fullest extend and representatives from I agree to save and hole	ent permitted by la n any injury, harm, d harmless First Lu	aw, I release Firs damage or death itheran Church, its
Parent/Guardian Signature	 		Date	
I, as a participant in the above event, agree to p adults that are participating in such a manner that time, not using alcohol or other drugs, not smo understand that conflict in these areas will result i sent home at my parent/guardian's expense (No n time, enjoy myself fully and have a fun-filled faith-f	t we can be as king, and con n a conference natter what time	a group. This included a ducting myself with those involved a of the day or night in t	des following direct respect to others and in cases of	ections, being on s around me. severity, I will be
Participant's Signature	 	 Date		

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.