

# **Immanuel Lutheran Church Participant Information Form**

2022-2023

*This form must be completed for each participant in Immanuel Lutheran ministries. This form must be completed once per school year, and will be valid until the following August. Any changes to the information on this form should be relayed to Alyssa, Pastor Jamie or the church office promptly.*

**Youth Information:** (Note -- Adult/parent information is at the bottom)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Pronouns: \_\_\_\_\_ Youth Email (if applicable) \_\_\_\_\_

Youth Cell Phone (if applicable) \_\_\_\_\_ Text ok? \_\_\_\_\_

List any health issues/allergies/dietary restrictions/medications etc. leaders should be aware of:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Pronouns: \_\_\_\_\_ Youth Email (if applicable) \_\_\_\_\_

Youth Cell Phone (if applicable) \_\_\_\_\_ Text ok? \_\_\_\_\_

List any health issues/allergies/dietary restrictions/medications etc. leaders should be aware of:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Pronouns: \_\_\_\_\_ Youth Email (if applicable) \_\_\_\_\_

Youth Cell Phone (if applicable) \_\_\_\_\_ Text ok? \_\_\_\_\_

List any health issues/allergies/dietary restrictions/medications etc. leaders should be aware of:

**Parent Information:**

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_



**PLEASE COMPLETE BOTH SIDES**

**Emergency Contact Information:**

Note: Parents would always be contacted first, followed (in order) by Emergency Contacts listed below.

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Medical Information:**

Primary Physician/Medical Facility: \_\_\_\_\_

Insurance Company Group & Policy Number: \_\_\_\_\_

**Participation & Emergency Medical Treatment Release:**

*This is to confirm that caring adults acting on behalf of Immanuel Lutheran Church have my full and complete permission to seek and obtain medical attention for my child in the event of any accident or illness which may occur, including the authorization to consent to emergency medical care, if required. I understand that reasonable efforts will be made to advise parents/guardians of their child's conditions prior to any treatment. This is to confirm that I release Immanuel Lutheran Church and those acting on behalf of the church from any and all liability due to seeking medical attention. In addition this is to confirm that I understand that Immanuel Lutheran Church cannot guarantee prevention of any illness, including COVID-19. My child has permission to participate in all Immanuel Lutheran Church events, both on and off site, and I hereby release, covenant not to sue, discharge and hold harmless Immanuel Lutheran Church and those acting on behalf of Immanuel in the event of any illness or injury.*

Signature of Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

*This signature is valid until August 31, 2023*

**Photography:**

*I hereby authorize photographs of my child/family to be taken at any and all Immanuel Lutheran Church events. I further authorize these photos to be printed and displayed for promotional and/or other uses **within the church.***

Signature of Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

*This signature is valid until August 31, 2022*

*In addition, I approve the posting of these pictures on the **Immanuel website and/or Immanuel social media sites** with the expectation that no names will be included.*

Parent/Guardian initials: \_\_\_\_\_



**PLEASE COMPLETE BOTH SIDES**