

Immanuel Lutheran Youth & Family Ministry

Participant Information Form (2019-2020)

Immanuel Lutheran Church, 3214 Golf Road, Eau Claire, WI 54701, 715-832-7832

Youth Information:

Name _____ Birthdate _____ Grade _____

Email (*if applicable*) _____

Cell Phone (*if applicable*) _____ Text OK? _____

Current Medications/Health Issues/Allergies/etc:

Name _____ Birthdate _____ Grade _____

Email (*if applicable*) _____

Cell Phone (*if applicable*) _____ Text OK? _____

Current Medications/Health Issues/Allergies/etc:

Name _____ Birthdate _____ Grade _____

Email (*if applicable*) _____

Cell Phone (*if applicable*) _____ Text OK? _____

Current Medications/Health Issues/Allergies/etc:

Parent Information:

Parent(s) 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 & 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. My child(ren) hereby have my permission to participate in any & all events and activities with Immanuel Lutheran Church, both on-site and off-site.

Signature of Parent/Guardian _____

Date Signed _____ *Valid from date signed until August 31 of the following year*

Photography

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

Signature of Parent/Guardian _____

Date Signed _____ *Valid from date signed until August 31 of the following year*

*In addition, I **approve** the posting of these pictures on the Immanuel website and/or Facebook page*

Parent/Guardian Initials _____

**** Please notify Alyssa and/or the Church office with changes or updates to any of the information on this form ****

PLEASE COMPLETE BOTH SIDES