

Ascension Lutheran Church - Youth Registration Form

September 1, 2021 ~ September 1, 2022

****ONE FORM PACKET MUST BE FILLED OUT FOR EACH CHILD IN YOUR FAMILY****

Last Name First Name Middle Birth date Age

Grade School Name

Parents Address _____
Street City Zip Code

Parents E-Mail Address(es) _____

Dad's Name: _____ Dad's Work Phone: _____

Mom's Name: _____ Mom's Work Phone: _____

Cell Phones: _____

Other Emergency Name, Phone and Relationship: _____

Child's special needs: _____

Food Allergies: _____

FOR HIGHER GROUND PARTICIPANTS ONLY

Do you need help with transportation? Yes _____ No _____

If yes, from what school or address: _____

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

This form must be completed and signed by parent / legal guardian of participants under 21. A parent / legal guardian signature is needed for participants to take part in Ascension Lutheran Church activities for children and youth.

For Participants Under 21 years old:

(I) (We), the undersigned parent(s) and/or natural guardian(s) of _____, to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (iii) on (my) (our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

This authorization shall continue from September 1, 2021 until September 1, 2022 for the participant attending Ascension Lutheran Church events.

Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Emergency Medical Information Form

Name of Participant _____

EMERGENCY & HEALTH INFORMATION (To be completed)

General: Do you have: (if "yes", please explain)

yes no Food or environmental allergies? _____
 yes no Heart condition? _____
 yes no Other? _____

Are you subject to: (if "yes", please explain)

yes no Headaches? _____
 yes no Seizures? _____
 yes no Fainting? _____
 yes no Sleep walking? _____
 yes no Upset stomach? _____
 yes no Motion sickness? _____
 yes no Other? _____

Does you have a reaction to: (if "yes", please explain)

yes no Bee sting? _____
 yes no Penicillin? _____
 yes no Other drugs? _____
 yes no Poison ivy, oak, sumac? _____
 yes no Other? _____
 yes no Have you had any serious illness or surgery within the past ten years? Please list: _____

yes no Do you take any prescription medication? Please list: _____

yes no Are any drugs ineffective in treatment? Please list: _____

yes no Are you diabetic? Medication? _____

yes no Do you wear glasses or contacts lenses? _____

yes no Do you wear hearing aids? _____

Blood Type if Known: _____ Date of last tetanus shot: _____

A current tetanus shot is required. (After 7 years, another tetanus shot is recommended.)

Please indicate ANYTHING else we should know about the youth's health.

**ASCENSION LUTHERAN CHURCH
CHILDREN AND YOUTH
MEDICAL CONSENT AND LIABILITY RELEASE FORM**

This form must be completed and given to the group leader or church office.
This form must have: 1) the signature of the parent/legal guardian of participants under 21 years of age and 2) must have the parent/legal guardian signature witnessed.

Please type or print in ink

PARTICIPANT NAME: (Last) _____ (First) _____

BIRTH DATE: _____ MALE: _____ FEMALE: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: () _____ DAY PHONE: () _____

CUSTODIAL PARENT/LEGAL GUARDIAN: _____

HOME PHONE: () _____ DAY PHONE: () _____

HOME ADDRESS (IF DIFFERENT): _____

HEALTH PLAN CARRIER: _____

NAME OF INSURED: _____

RELATIONSHIP TO PARTICIPANT: _____

POLICY HOLDER/INSURANCE ID#: _____

FAMILY DOCTOR: _____

OFFICE PHONE: () _____ MEDICAL EXCHANGE: () _____

FAMILY DENTIST: _____ OFFICE PHONE: () _____

SECOND PARENT OR EMERGENCY CONTACT: _____

RELATIONSHIP TO PARTICIPANT: _____

HOME PHONE: () _____ DAY PHONE () _____

Please specify if any health insurance pre-certification, notification, or other requirements exist for the health participant.

Please copy front and back of participant's/cardholder's insurance card in the space below:

Medical Card Copy Front _____ Medical Card Copy Back

CONSENT AND RELEASE FORM

I understand that the Ascension Lutheran Church Missouri Synod for which this medical Consent and Liability and Activity Release Form is being given is described as follows:

All calendared and registered events for the Ascension Lutheran Church Missouri Synod for youth and adult leaders for September 1, 2021 – September 1, 2022. The events include, but are not limited to Children & Youth Ministries, these events may include, but are not limited to, dodgeball, lighthouse games, excursions, service projects, fellowship, preparing and feeding the homeless, and Christian education activities.

I hereby consent to participation of myself (or of my child) in the above-described Ascension Lutheran Church Missouri Synod events. I have read the informational materials regarding the planned activities. I am aware that in addition to activities such as Bible study, Worship, sight-seeing, using public transportation, and meal functions, the participant also may choose to participate in various recreational sports activities or service projects that may involve additional risks, such as: jumping, running or other physical movements during sports activities; or using tools or ladders or other equipment while taking part in the community service projects.

I understand that I have the duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

I RELEASE AND FOREVER DISCHARGE THE ASCENSION LUTHERAN CHURCH – MISSOURI SYNOD, THEIR AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY [OR MY CHILD'S] PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE EVENTS. FURTHERMORE, I DO HERBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS THE ASCENSION LUTHERAN CHURCH – MISSOURI SYNOD, ITS AGENCIES, ITS AGENTS, AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE EVENT OR TRAVEL TO AND FROM THE SAME.

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

SIGNATURES:

Participant Signature if over 21

Date

Witness

Parent/Legal Guardian of Participant under 21

Date

Witness

Consent Form for Photos/Videos/Sound Recordings

Effective: September 1, 2021 ~ September 1, 2022

I hereby grant Ascension Lutheran Church permission to use the likeness of my child under 18 years of age in photographs, video recordings, and electronic images in any and all of its publications, including website and social media entries, without payment or any other considerations. I understand and agree that these materials will become the property of the organization and will not be returned. I hereby irrevocably authorize the organization to edit, alter, copy, exhibit, publish, or distribute these images for purposes of publicizing the organization's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of their image. I hereby hold harmless and release and forever discharge the organization from all claims, demands, and causes of actions which I, my heirs, representatives, executors, administrators, or any other persons acting on my child's behalf, may have by reason of this authorization.

Name of Child *under 18 years of age*: (Please print first and last name)

I give my permission

I DO NOT give permission

I hereby certify that I am the legal parent or guardian of the child named above, and do hereby give my consent without reservation to the foregoing release on behalf of this child.

(Legal Parent / Legal Guardian's Signature)

(Date)

(Legal Parent / Legal Guardian's Printed Name)