

**Memorial Lutheran Church
Youth Group - 2009
Registration and Medical Release**

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Grade: _____ Phone: _____ Cell: _____

As parent(s), I/We permit my child's participation in Youth events. I/We hold harmless Memorial Lutheran church and all workers on behalf of Memorial Lutheran Church from all claims that might result from Youth activities.

In the event that I/we cannot be reached to make arrangements for emergency medical attention, I/we authorize the designated event supervisor to administer or authorize the administration of emergency medical treatment in case of illness or injury to the minor named above.

Child's Physician: _____ Phone: _____

Medical Insurance Co: _____ Group/policy No: _____

Allergies: _____

Medications: _____

Anything of which the staff or supervisors should be aware: _____

Emergency contacts and Phone Numbers: _____

Signature(s) of Parent(s)