

YOUTH EMERGENCY/WAIVER FORM 2017-2018

Name of Youth Participant _____

Parent(s) or legal guardian(s) of youth _____

Address _____
(Street) (Town) (State) (Zip Code)

Home Phone () _____ **Cell #s** _____

Work Phone (Mom) _____ **Work Phone (Dad)** _____

Parent/Guardian E-mail Address _____

Youth Participant's E-mail Address _____

Age of Youth _____ **Birth date** __/__/____ **Grade** _____

Functions & Activities

It is my understanding that participating in the programs and activities of Trinity Lutheran Church is a privilege. I acknowledge that there are certain risks associated with the activities including activity-related accidents and physical injury due to transportation-related accidents.

Release of Liability

By signing this Permission/Waiver Form, I assume all risks of the above named youth participating in the activities. I further release Trinity Lutheran Church and its ministries, leaders, employees, volunteers and agents from any claim that my child may have against them as a result of injury or illness incurred while participation in the activities.

First Aid & Emergency Medical Treatment

I recognize that there may be occasions where the youth named above may be in need of first aid or emergency medical treatment as a result of participation in an activity of Trinity Lutheran Church due to an accident, illness or other health condition or injury. I do hereby give permission for agents of Trinity Lutheran Church to seek and secure any needed medical attention or treatment for the youth named above including hospitalization. If in the agent's opinion such need arises, in doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for the attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again, I agree to pay for the medical treatment.

Special medical needs or concerns (allergies, conditions, dietary needs, medications & amounts, etc.)

Health Insurance Information

Medical Insurance Company Name _____ Phone # _____

Member's Name _____

Policy/Group ID # _____

Primary Care Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Additional Emergency Contacts

Names of persons and telephone numbers to call in case parents/guardians listed previously cannot be reached:

Name	Relationship	Phone Nos.
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Medical Waiver Form and am fully familiar with the contents thereof.

I give permission for the youth named above to participate in the activities of Trinity Lutheran Church, Perkasio, PA. In consideration for allowing the participation of the youth in the activities of Trinity Lutheran Church, I hereby consent to this Waiver Form, including the Release of Liability above, on behalf of the youth, and agree that this Waiver Form shall be binding upon me.

Photo permission: I also give permission for photos of the youth names above to be used in written and Internet publications (church newsletter, church website, Facebook).

(Signature of Parent/Guardian) _____ *(Date)*

(Signature of Parent/Guardian) _____ *(Date)*