

# REGISTRATION FORM FOR YOUTH EVENTS/ACTIVITIES

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent or Guardian's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_

**We want to make sure that each child receives the level of attention needed to provide an incredible, inclusive Day Camp experience. Please help us by providing any additional assistance your child may need or require:**

Do your child have any physical, emotional, mental or behavioral challenges that you suspect or have been diagnosed? \_\_\_ Yes \_\_\_ No Please describe: \_\_\_\_\_

Does your child currently receive special assistance at school? \_\_\_ Yes \_\_\_ No Please describe: \_\_\_\_\_

Please indicate any behavior concerns: \_\_\_\_\_

List any and all food allergies: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Number you can be reached at during Day Camp:** \_\_\_\_\_

*If we are unable to contact the parent/guardian, please list another responsible adult.*

**Emergency Contact Person & Phone Number:** \_\_\_\_\_

**Release of Liability, Waiver, Indemnification, and consent to Medical Attention and Use of Images:** I understand and certify that my child's participation in the Day Camp program at Christ Lutheran Church is completely voluntary, and that certain hazards and dangers may be inherent. I acknowledge that although Christ Lutheran Church has taken measures to minimize the risk of injury to VBS participants, Christ Lutheran cannot guarantee that the activities will be free of accidents or injuries. I have instructed my child in the importance of abiding by the Church's rules and procedures for the safety of all participants. I agree that Christ Lutheran Church, a non-profit organization, its agents, officers, employees, and volunteers will not be liable for any injury, death, damage and/or loss to myself or my child, and/or anyone claiming on me or my child's behalf, and I further agree to hold harmless, indemnify and defend Christ Lutheran, it's officers, agents, employees and volunteers for and from any and all damage during the time of my or my child's attendance and participation at the VBS program. By signing below, I also give permission to Christ Lutheran Church to photograph, audiotape or videotape my child or myself to be displayed in the building or for use on the Church's website or published in the weekly bulletin or monthly Newsletter.

I hereby represent that I am the parent or legal guardian of \_\_\_\_\_ (child's name) that I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understood the terms of this agreement.

**Father/Mother/Guardian's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

I DO NOT GIVE PERMISSION to Christ Lutheran Church to photograph, audiotape or videotape my child or myself

**Signature:** \_\_\_\_\_

## RELEASE OF CHILD

I hereby grant permission for the following individuals to pick up my child and authorize them to sign said child out on my behalf.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_