

Immanuel Lutheran Church
1226 E. Washington, Washington, IA 52353
(319) 653-3950

Faith Formation 2023-2024

Registration, Health Form, and Liability Waiver

Participant's Name: _____

Address _____

City/State: _____ Zip: _____

Home Phone #: _____

Participant's Cell Phone # (if applicable): _____

Participant's Parents'/Guardians' Names: _____

Address (If different than participant's): _____

City/State: _____ Zip: _____

Home Phone #: _____

Parents'/Guardians' Cell Phone #s (whose): _____

Does participant have any:

Physical limitations regarding participation? No _____ Yes _____

Explain: _____

Allergies (food, drugs, hay fever, insects, etc.) No _____ Yes _____

Explain: _____

Medications: List names and doses _____

Date of last Tetanus booster: _____

T-Shirt size: _____

Over

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Emergency Contact: (in case Parents/Guardians cannot be reached)

Name: _____

Phone #: _____ (cell, home, work) _____

Relationship to participant: _____

Physician's Name: _____

Physician's Office Phone #: _____

Insurance Co.: _____

Policy #: _____

Subscriber's Name: _____

Liability Waiver – Please read carefully

I hereby consent to allowing _____, to participate in Immanuel Lutheran Church's activities.

I understand that it is the express intent of Immanuel Lutheran's programs to provide for my child's/guardian's safety and protection, I hereby release Immanuel Lutheran Church, its Pastor, council members, employees, volunteers, chaperones, congregational members, with whom Immanuel Lutheran Church is participating in an activity from all liability for any and all damages and injuries suffered while under the supervision, instruction, or control of Immanuel Lutheran Church.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily to its content and intent.

In the event of an emergency, if I am unable to state my wishes or the emergency contact cannot be reached, I hereby give permission for Immanuel Lutheran Church to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment, while participating in Immanuel Lutheran's activity. In the event of an accident, injury, or illness my insurance is primary.

I have read, understand, and agree with the policies and liabilities on this form:

Print Name: _____ Date: _____

Signature

I give Immanuel Lutheran Church permission to use photographs taken of myself at the discretion of Immanuel Lutheran's pastor or staff. This may include (but is not limited to) Facebook, newsletter, promotions, and evangelism used by Immanuel Lutheran Church.

Signature