

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

## Registration, Health Form, and Liability Waiver

### All Immanuel Lutheran Church Activities September 2024-September 2025

Youth's Name: \_\_\_\_\_

Youth's Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Youth's Cell Phone #: \_\_\_\_\_

Youth's Parents'/Guardians' Names: \_\_\_\_\_

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

\_\_\_\_\_

Parent's/Guardian's email: \_\_\_\_\_

Does participant have any:

Physical limitations regarding participation? No \_\_\_\_\_ Yes \_\_\_\_\_

Explain: \_\_\_\_\_

**Allergies (food, drugs, hay fever, insects, etc.)** No \_\_\_\_\_ Yes \_\_\_\_\_

Explain: \_\_\_\_\_

Medications (please list medications that may be needed during activities ex. inhaler, EpiPen)

\_\_\_\_\_

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

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ (cell, home, work)

Relationship to participant: \_\_\_\_\_

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

**Liability Waiver – Please read carefully**

I hereby consent to allowing \_\_\_\_\_ to participate in Immanuel Lutheran Church’s activities. Youth’s name

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 acknowledgement 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:

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

I give Immanuel Lutheran Church permission to use photographs taken of \_\_\_\_\_  
Youth’s name

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