

Faith Lutheran Church
Children's Ministry
Registration & Release Form 2023-2024



FAMILY INFORMATION

Guardian 1

Name: _____ Phone #: _____
Email: _____ Uses Facebook? ___ Yes ___ No

Guardian 2

Name: _____ Phone #: _____
Email: _____ Uses Facebook? ___ Yes ___ No

Mailing Address:

Emergency Contact:

Name: _____
Phone #: _____
Relationship: _____

PERMISSIONS

Master Permission for Field Trips:

Guardians will be notified in advance of the dates and destinations of all field trips.

The participant(s) named on Page 2 of this form has my permission to go on ALL field trips and to ALL events with the Faith Lutheran Church, LCMC, children's ministry groups for the 2022-2023 school year and summer unless I specify otherwise in writing.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Photo Release:

Faith Lutheran Church has a website and Facebook page where photos and videos are periodically published. Photos/Videos of minors are never published with names or other identifying information as per Faith Lutheran Church's Media Policy.

Initial One:

_____ Yes, Faith Lutheran Church may capture and published imagines of the minor(s) named on Page 2. I hereby grant Faith Lutheran Church permission to use my child's likeness in photos, videos, and other media in any of it's publications. I waive any right to royalties or compensation arising or related to the use of the photographs or videos published.

_____ No, Faith Lutheran may not print or publish photos or videos of the minor(s) named on Page 2 Online or in church publications.

PARTICIPANT INFORMATION

Full Name: _____ Prefers to be called: _____
Date of Birth: _____ Grade: _____ Gender: ___ M ___ F
Phone #: _____
Email: _____ Uses Facebook? ___ Yes ___ No
Food Allergies/Special Diet: _____
Drug Allergies: _____ Other: _____
Regularly prescribed medication & doses: _____
Date of most recent tetanus booster: _____
Doctor's Name: _____ Health Insurance: _____
Policy #: _____ Medical #: _____

Full Name: _____ Prefers to be called: _____
Date of Birth: _____ Grade: _____ Gender: ___ M ___ F
Phone #: _____
Email: _____ Uses Facebook? ___ Yes ___ No
Food Allergies/Special Diet: _____
Drug Allergies: _____ Other: _____
Regularly prescribed medication & doses: _____
Date of most recent tetanus booster: _____
 Insurance Information is the same as the above participant
Doctor's Name: _____ Health Insurance: _____
Policy #: _____ Medical #: _____

Full Name: _____ Prefers to be called: _____
Date of Birth: _____ Grade: _____ Gender: ___ M ___ F
Phone #: _____
Email: _____ Uses Facebook? ___ Yes ___ No
Food Allergies/Special Diet: _____
Drug Allergies: _____ Other: _____
Regularly prescribed medication & doses: _____
Date of most recent tetanus booster: _____
 Insurance Information is the same as the above participant
Doctor's Name: _____ Health Insurance: _____
Policy #: _____ Medical #: _____

PARENT/GUARDIAN MEDICAL AUTHORIZATION

Every attempt will be made to contact the parents/guardians/emergency contact in the event of a medical emergency.

I hereby confirm the health information on this form is correct to the best of my knowledge. The participant(s) herein described has my permission to engage in all activities except those outlined in writing. The following authorization empowers the staff and the group leaders of Faith Lutheran Church, LCMC, in Great Falls, MT to take any and all steps deemed necessary to insure the well-being of my child during a group event or activity.

I, _____ do hereby authorize Faith Lutheran Church, LCMC, to take necessary emergency measures in the treatment of _____ (Participant[s]) if needed.

My child(ren) is in good physical health and does not have any conditions or disabilities which may be aggravated by participating in group activities, except those noted in this form. In the event that I cannot be reached in an emergency, I hereby then authorize the physician selected by Faith Lutheran Church to hospitalize, secure proper treatment for, and order injections, anesthesia, and surgery for my child(ren) named above.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date