



REGISTRATION
FORM

Kid's Name: _____

Kid's Age: _____

Parent's Name: _____

Contact Phone number (home or cell): _____

Address: _____

Allergies: (please fill out the MEDICAL RELEASE FORM)

Anything else we should know about your child?

Signature: _____

Date: _____

MEDICAL RELEASE AND GENERAL PERMISSION FORM

Name of Participant (please print) _____

Address _____

Phone Number _____

Date of Birth _____ Age _____

1. Participant is allergic to: _____

2. Please list any restrictions on diet or exercise: _____

3. Does the participant have any special needs or problems? If so, please list: _____

4. Is the participant on regular medication? If so, please list the medications, dosages, frequency and any instructions as needed: _____

RELEASE OF ALL CLAIMS In consideration of being accepted by St. Paul's Lutheran Church of Dansville, NY hereby known as St. Paul's Lutheran Church ELCA in participation of the Hometown Nazareth VBS, I (we) do for myself (ourselves) an on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the St. Paul's Lutheran Church, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the VBS recreation and all associated activities. Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant. I (we) am (are) the parent(s) or legal (guardians(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child. I (we) give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like. I (we) also grant the St. Paul's Lutheran Church, ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Parent's/Guardian's signature: _____

Phone: _____ Date: _____

Emergency contact: _____

Phone: _____ Date: _____