

Participant's Name _____	Home Phone _____
Address _____	
(city)	(zip)
Birth Date _____	Grade in Fall 2011 _____

**1. INSURANCE AND HEALTH HISTORY**

Medical Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_ Policy Number \_\_\_\_\_

Special Medical Conditions—Allergies, chronic illness, etc.  
\_\_\_\_\_

Medication(s) taking currently \_\_\_\_\_

Okay to administer by the leaders, if needed, ibuprofen (Advil®) or acetaminophen (Tylenol®)? **Circle one: Yes or No**

**2. EMERGENCY CONTACT INFORMATION**

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*In case of an emergency or delay, the following are authorized to pick up my child:*

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**3. LIABILITY RELEASE**

Every activity sponsored by this church is carefully planned and supervised by adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I (or parent or legal guardian if a minor child) agree to assume and accept all risks and hazards inherent in church-related social and sports activities. I (or parent or legal guardian if a minor child) also agree that I (or parent or legal guardian if a minor child) do hereby release and forever discharge and hold harmless, St. Timothy's Lutheran Church and its directors, employees, and volunteers from any and all liability claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while participating in church activities. I (or parent or legal guardian if a minor child) will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment.

**4. PHOTO & AUDIO/VIDEO RELEASE**

I (or parent or legal guardian if a minor child) do hereby grant permission to be photographed and/or video taped while attending on-site and/or off-site church activities and to grant use of photographs, audio and/or video for printed materials, audio-visual or website without compensation or approval rights.

**5. PERMISSION TO PARTICIPATE & MINOR MEDICAL RELEASE**

I, the undersigned parent or guardian of the above named minor child, do hereby grant permission for my child to participate in all activities of St. Timothy's Lutheran Church. Furthermore, I do hereby authorize the adult leader(s) in charge as agents for the undersigned to consent to any X-Ray examination, anesthetic, medical, dental or surgical diagnosis, care or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital or licensed dentist, as the case may be, whether such diagnosis or treatment is rendered at the office of said physician or dentist or at the said hospital, or elsewhere as circumstances may require in the discretion of the treating physician or dentist. It is understood that this authorization is given in advance of any specified diagnosis, medical or dental care and hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, medical, dental or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

**Signature of Participant** *(Or if under 18 parent or legal guardian)* \_\_\_\_\_ **Date** \_\_\_\_\_