



ALL SAINTS
LUTHERAN CHURCH

ALL SAINTS LUTHERAN CHURCH
Permission/Registration Form
Date: February 22 - 23, 2019



Name of Youth: _____ T-Shirt Size: _____ Youth Cell: _____

Address (if not All Saints Member): _____

Parent/Guardian Name: _____ Phone _____ E-Mail: _____

STUDENTS AND PARENTS MUST SIGN THE FOLLOWING CONDUCT CONTRACT: I agree not to bring, use, or purchase tobacco products, alcohol, or illegal drugs of any kind on this trip. I agree not to bring, use, or purchase knives, guns, fireworks, or any other weapon on this trip. I agree never to go away from activity sites without a leader present. I agree to respect leaders, site staff, and other students on this trip. I understand that if I break any of these rules that I may be sent home at my parents' or guardians' expense. **I will leave my cell phone at home or make sure it is not out during the event.**

Student's Signature _____ Parent/Guardian Signature _____

MEDICAL AUTHORIZATION

Allergies/Medical Conditions of which we should be aware: _____

Health insurance group number: _____ Health insurance policy number _____

Please list any medication(s) that need to be brought to the event and when they need to be taken: _____

I, the parent/guardian of _____ (Youth's Name) do hereby authorize medical treatment for the above named youth, in the case of an emergency. In the case that I am unable to be reached, I hereby authorize the leaders of this trip to act on my behalf, in securing medical treatment for the above named youth.

Parent/Guardian Signature _____ Date _____

In case of emergency, _____ Relationship to Youth: _____

Home Phone: _____ Cell Phone: _____

I, the parent/guardian of _____ (Youth's Name) have given permission for the above named youth to travel and participate in all activities surrounding the above mentioned event sponsored by All Saints Lutheran Church. The above named youth has my permission to travel to various places included in the event and then back to All Saints Lutheran Church. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless All Saints Lutheran Church, their agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither All Saints Lutheran Church, nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity. **I also give my permission** for my child's image to be used in any All Saints publications, promotional material or slide shows, including All Saints website and Facebook page. No last names will be used.

Parent/Guardian Signature _____ Date _____

PAYMENT INFORMATION:

- Cost of the event is \$20.00 per participant to cover costs of the event. Checks should be made to All Saints Lutheran Church.
- Enclosed is my check for \$20.00 _____ Yes _____ No Check Number: _____ or CASH _____

PLEASE RETURN FORM TO KRISTINE BY WEDNESDAY, Feb. 20