

Word of Peace Health/Event Registration Form

(HEALTH AND EVENT REGISTRATION FORM REQUIRED FOR EVERY EVENT)

Name _____ Event _____

Date of Event _____ Member or Guest (circle one)

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Parents Email _____

(Used only for contact concerning Word of Peace student ministry events)

Permission for Event:

I give my son/daughter (insert name) _____ permission to participate in (Event) _____. I give permission for any necessary medical treatment and I release Word of Peace Lutheran Church, the staff, and event chaperones of any responsibility in the event of a medical emergency.

My son/daughter is in good physical condition and has not had and serious illnesses or operations since his/her last health examination. If no, then list recent illnesses:

Allergies _____

Medications _____

Special concers _____

During the event I may be contacted at my home number _____

or cell number _____. If I can not be reached in case of an emergency, the following person may act on my behalf (name) _____.

Phone number _____

Relationship to participant _____

Insurance Company _____

Insurance Policy Number _____

Physician's name _____

Clinic _____

Clinic Phone # _____

Picture Use Permission

Word of Peace Lutheran Church does not profit from the use of pictures or video and will only be used to show how we practice God's faith. We will never post personal information such as last names or addresses of anyone. By signing this, you authorize Word of Peace Lutheran Church to take, modify, and post you or your family member's picture or other likeness on their website, directories, bulletins, and any other publications created and disseminated by Word of Peace. **I give my permission** _____

I do not give my permission _____

Signature of Parent/Guardian _____ Date _____

Office use only: Deposit _____ Balance Due _____
