

# Word of Peace Youth Day at Valley Fair



**Date: August 1st**

**Registration & Fee Due: July 15th**

**Fee: \$40**

**(includes ticket and transportation)**

Due to overwhelming popularity, Valley Fair is no longer part of the Summer Stretch program. It is an independent event. **ALL YOUTH** interested in going to Youth Day at Valley Fair must register separately using this form.

I give \_\_\_\_\_ (youth's full name) permission to participate in **WOPLC Youth Day at Valley Fair on 08/01/2018.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **LIABILITY CLAUSE:**

I, \_\_\_\_\_ (printed name of parent/guardian), being the parent or legal guardian of the youth listed above have been informed of the event/ activity sponsored by Word of Peace Lutheran Church of Rogers (Word of Peace) and hereby give my consent for my minor child to participate in the event with the understanding that all reasonable safety precautions will be taken by the leaders of this event and that the possibility of an unforeseen hazard does exist.

I further agree not to hold Word of Peace, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form. I consent to emergency medical treatment for my child. I am responsible for the health care decisions for my child and agree that my insurance plan is the primary plan to pay for their medical treatment. I, the undersigned parent/guardian of the above named person, hereby consent to any and all medical, hospital, and surgical care that may be deemed necessary by qualified physicians without further consent, provided that the physician or hospital is unable to reach the telephone numbers listed. I understand that all effort will be made to contact me and then, if necessary, those listed as alternates. The alternates have been notified and understand they have our authorization to give consent for treatment when I cannot be reached. In the event that I or my alternatives cannot be reached, I give permission to the activity leader to make decisions necessary for treatment.

I hereby voluntarily release, forever discharge, and agree to hold harmless Word of Peace, its members, officers, pastors, employees, and volunteers. In signing this document, I fully recognize that if the minor is hurt while he or she is engaged in this activity, I will have no right to make a claim or file a lawsuit against Word of Peace or other released parties. I also agree to reimburse Word of Peace, its members, officers, pastors, employees, and volunteers for any loss, damage, liability, cost or expense they suffer as a result of any such claim or lawsuit brought against Word of Peace by the named minor. I am aware that this is a release of liability, and I sign it of my own free will.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Continued on back...**

# 2018 Word of Peace Youth Ministry Health and Information Form



## **GENERAL INFORMATION:**

Youth Name \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Youth Cell Phone Number (if applicable, needed for safety purposes): \_\_\_\_\_

## **Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## **MEDIA RELEASE PERMISSION:**

Word of Peace Lutheran Church does not profit from the use of any photographs, audio, and/ or video and will only use such material to show how we practice God's faith. Word of Peace will never post personal information such as last names or addresses of anyone. By signing this, you grant Word of Peace Lutheran Church to take, modify, and publish pictures, audio, and/or video of your minor child in connection with Word of Peace events and activities. You also agree that Word of Peace Lutheran Church may use pictures, audio, and/or video of your minor child with or without names and for any lawful purpose, including such purposes as publicity, illustration, advertising, and website/social media content created by Word of Peace Lutheran Church.

I, \_\_\_\_\_ (Printed First and Last Name) agree to the above statement and grant permission for Word of Peace Lutheran Church to take, modify, use, and publish photographs, audio, and video of my minor child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **HEALTH INFORMATION:**

Is your child in good physical condition, meaning that they have not had any serious illnesses or operations since their last health examination?  Yes  No If no, please list recent illnesses: \_\_\_\_\_

## **HEALTH INFORMATION CONTINUED:**

Allergies: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_ Special Concerns: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Clinic Location: \_\_\_\_\_ Clinic Phone Number: \_\_\_\_\_

## **EMERGENCY CONTACT:**

In case of emergency, during the event I may be contacted at this Phone Number: \_\_\_\_\_

If I am unable to be reached, the following person may act on my behalf \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Emergency Contact's Phone Number: \_\_\_\_\_

## **PARENT/ GUARDIAN SIGNATURE:**

I certify that the above information is correct. I understand that should any of the above information change, it is my responsibility to make Word of Peace aware of the changes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_