

Harbor of Joy Lutheran Church of Milford, Iowa

Participation Permission Form

Name of Child (Please Print) _____

Parent(s) or guardians _____

Address (Street or PO Box) _____ (City, St., Zip) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Age of Child _____ Birthdate _____ Grade _____

Activities

I understand that participation in the activities of Harbor of Joy Lutheran Church is a privilege. I also understand that there are certain risks associated with these activities, including, injury due to accidents, transportation risks, illness, or even death.

Release of Liability

By signing this Participation Permission Form, I acknowledge that the child named above is capable of participation in the physical and mental demands of the activities of Harbor of Joy Lutheran Church group. I also assume all risks of the child participating in the activities. I release Harbor of Joy Lutheran Church and its ministers, leaders, employees, and volunteers from any claim as a result of injury or illness during the course of participation in these activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other injury. I give permission for the agents of Harbor of Joy Lutheran Church to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if such a need arises. I agree to pay all fees and costs arising from the need to secure medical treatment.

I give permission for attending physicians and other medical personnel to administer any needed medical treatment, including surgery, and agree to pay for the medical treatment.

Special Events and Field Trips

I understand that the child named above will be participating activities with Harbor of Joy Lutheran Church that will require transportation off site. I grant my permission for him/her to travel with staff and volunteers of Harbor of Joy Lutheran Church.

On occasion, Harbor of Joy Lutheran Church may take pictures or videotape recordings of youth activities. These records may include images of the child named above. I grant permission for these records to be displayed in print or on the church website.

Health Insurance Information

Insurance Company		
Policy Number		
Phone Number		
Personal Physician		
Phone Number		

Emergency Contacts

Parent/Guardian	Home Phone	Cell Phone	Work Phone

Medical History (Any allergies, medical needs, dietary restrictions, medications, etc.?)

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Other Information (Any other information that we should know about the child?)

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Parent or Guardian Signatures

As the parent or guardian of _____, who is under 18 years of age, grant permission for my child to participate in the youth activities of Harbor of Joy Lutheran Church. I have read over this Participation Permission Form and offer my consent, including the release of liability and the permission for medical treatment.

Signature of Parent/Guardian _____ Date _____

Signature of the Child

I agree to participate in the activities of Harbor of Joy Lutheran Church, to cooperate with the leaders and other youth, and to conduct myself as a Christian at all times. I promise to respect God, respect myself, respect others, and to respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature of the Child _____ Date _____