

**Harbor of Joy Lutheran Church of Milford, Iowa**

**Joy Kids and Joy Us Participation Permission Form**

Name of Child(PleasePrint)\_\_\_\_\_

Parent(s) or Guardians\_\_\_\_\_

Address (Street or P.O. Box, City, State, Zip)  
\_\_\_\_\_  
\_\_\_\_\_

HomePhone\_\_\_\_\_ CellPhone\_\_\_\_\_

WorkPhone\_\_\_\_\_ 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 in 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.

**Photography Release**

I grant Harbor of Joy Lutheran Church permission to take, use and publish photographs or video recordings of my child and my family for editorial and publishing purposes, including but not limited to the church's website, social media sites, newsletters, church displays, etc. I hereby release Harbor of Joy Lutheran Church from all claims and liability relating to said photograph(s) and video recording(s).

**Health Insurance/Medical Information**

Insurance Company		
Policy Number		
Phone Number		
Personal Physician		
Physician's Phone Number		

**Emergency Contacts**

Emergency Contact Person	Relationship to Child	Home Phone	Cell 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 your child?)**

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**Parent or Guardian Signatures**

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

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 and respectful individual at all times. I promise to respect God, myself, others and the property of Harbor of Joy Lutheran Church. I understand that my continued participation in church activities depends on my support of this agreement.

Signature of the Child \_\_\_\_\_  
Date \_\_\_\_\_