

Youth Participation Form

Emanuel's Lutheran Church

206 N. Travis St., Seguin, TX 78155 | (830) 379-5046

Date: _____

Child's Name: _____ Date of Birth: _____

Adult's Name: _____

Relationship to Child: _____

Physical Address: _____ Child's Phone: _____

_____ Adult's Phone: _____

_____ Adult's Work Phone: _____

Adult's Email Address: _____

Child's Email Address: _____

Emergency Contact: (if parents are unavailable):

Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

In an emergency, I give Emanuel's Lutheran Church the authority to do the following for my child if I am unavailable:

____ Emanuel's Lutheran Church may obtain emergency medical transportation to the nearest hospital.

____ Emanuel's Lutheran Church may obtain emergency medical services at the nearest hospital.

Please note any other special information regarding your child that would be helpful (allergies, behavioral difficulties, needed medication etc.) _____

Adult's Signature: _____ Dated: _____

PLEASE TURN OVER SHEET

Additionally, I give Emanuel's Lutheran Church my permission to do the following for my child:

____ Provide transportation to and from youth events and activities.

____ Photograph or video record my child for use in promotional activities (bulletin boards, PowerPoint presentations, church news releases, church website/social media and for the local newspaper, etc.)

I, the undersigned parent and/or legal guardian, give my permission for my child to attend Youth Events and Activities. I will not hold Emanuel's Lutheran Church, it's members or personnel responsible should a health issue or accident occur. Additionally, I acknowledge that my child must be picked up by a parent or by a person with written parental permission.

Adult Signature: _____ **Date:** _____