

St. Paul's Lutheran Church  
Youth Information Form

**Participant Information**

Youth Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Address: \_\_\_\_\_

School: \_\_\_\_\_ Fall Grade: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

**Parent / Guardian Information**

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other person to contact if you cannot be reached in an emergency:

Name & Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical / Insurance Information**

Insurance Co: \_\_\_\_\_ Insurance Co Phone: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is the participant currently taking any medications?      Yes      No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does the participant have any allergies, physical limitations or special conditions?    Yes    No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

St. Paul's Lutheran Church  
Youth Liability Release & Medical Authorization

**Release of Liability:**

It is my understanding that participating in the programs and recreational and other activities of St. Paul's Lutheran Church is a privilege. Prior to my (my youth's, if minor) participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation related accidents, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

I expressly warrant that I (my student if a minor) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release St. Paul's Lutheran Church and its ministers, leaders, employees, volunteers and agents from any claim that my student may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the student's or my family or estate, heirs, representatives, or assigns may have against St. Paul's Lutheran Church or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless St. Paul's Lutheran Church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my (my student's if minor) participation in its activities and programs, or as a result of injury or illness during such activities.

**Medical Authorization:**

I recognize that there may be occasions where I (my student if a minor) may be in need of first aid emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of St. Paul's Lutheran Church to seek and secure any needed medical attention or attention for me (my student if a minor), including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from the action of obtaining medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Publicity & Media Release:**

I acknowledge that I (my youth, if a minor) may be appropriately photographed or audio/video taped during student activities for promotional, advertising, remembering or news reporting purposes. I consent to the use of any (appropriate) such audio/visual records of the youth to be used, distributed or displayed as agents of the church see fit. Furthermore, I give permission for me (my youth, if a minor) to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(AND if youth is a minor)*

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