

**Evangelical Lutheran Church, Black River Falls, Wisconsin  
 Youth Registration/Authorization Form  
 Consent to Medical Treatment for a Minor/  
 Permission to Participate**

Reviewed: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Youth Group:**  K-2 Parent needs to be present  3-5<sup>th</sup> Grade  6<sup>th</sup>-8<sup>th</sup> Grade  
 9<sup>th</sup>-12<sup>th</sup> Grade

Participant's Name _____	Date of Birth: _____
Address: _____ _____	<input type="checkbox"/> My child is under 8 years old and requires a <b>booster seat</b> until _____ (Date—Month, Day, Year)
	<input type="checkbox"/> My child is over 8 years old. No seat required.
Parent(s)/ Guardian(s): _____	Home Phone: _____
Mother's Employer: _____	Work Phone: _____
Father's Employer: _____	Work Phone: _____
Emergency Contact Person: (1) _____	Phone Number: _____

**Individual Information** (Print Clearly)

Insurance Company: _____	ID Number: _____
Phone Number: _____	Group Number: _____
Cardholder Name: _____	

**Insurance Information**

Physician's Name: _____	Clinic Name: _____
Clinic Address: _____	Date of last tetanus shot: _____
Allergies: _____	
Medications: _____	
Other Medical Information/Details from Above: _____	
Restrictions: _____	

**Parent/Guardian Authorization:** This form is correct to the best of my knowledge, and the person described above has permission to engage in all activities, except those noted on this form. In the event of an emergency, and I cannot be reached, I give permission to the physician selected above to give necessary medical treatment to the person listed above. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned child pursuant to this authorization. The undersigned does also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities. I waive all claims against Evangelical Lutheran Church, its officers or members, its staff, its volunteers, sponsors, organizers, or supervisors involved in the outing or event for any injury that may occur to my child during the course of the outing or event, its activities, or travel to and/or from the activity or event.

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