

LORD OF LIFE LUTHERAN CHURCH

***YOUTH PARTICIPATION FORM
(Complete one form per person)***

NAME:	
AGE:	GENDER:
ADDRESS:	
YOUTH PHONE:	YOUTH CELL:
YOUTH E-MAIL:	
PARENTS NAME:	
PARENTS PHONE:	PARENTS CELL:
PARENT E-MAIL:	
HOME CONGREGATION:	

Covenant: "I do understand and accept that events sponsored by Lord of Life Lutheran Church have as their purposes Christian fellowship, worship and personal growth. As a responsible part of the Body of Christ, I commit myself to participating fully in the expressed fellowship, meaning and purposes of these events. I will refrain from using alcohol, tobacco products and any non-prescription drug during the events and will abide by all event regulations."

YOUTH'S SIGNATURE: _____ Date: _____

PARENT/GUARDIAN'S SIGNATURE: _____ Date: _____

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MEDICAL RELEASE FORM

I understand all reasonable care will be taken to avoid accident or injury to me and/or my child while at these events and release Lord of Life Lutheran Church, its staff, volunteers or representatives, and the Southwestern Texas Synod, ELCA from liability. In the event of medical emergency, I understand every effort will be made to contact the authorized person listed on this form. In the event he/she cannot be reached, I grant permission to secure medical and/or surgical care for myself and/or my child. I agree to indemnify and hold harmless anyone associated with Lord of Life Lutheran Church for all medical or dental expenses incurred as a result of participation in church activities or programs, or use of Lord of Life facilities. I hereby acknowledge that Lord of Life Lutheran Church, its staff, volunteers or representatives, and the Southwestern Texas Synod, ELCA cannot be held responsible for any injury to myself and/or child.

Insurance Company: (indicate if none)	
Insurance Policy No:	
Policyholder's Name:	
Allergies/Illnesses:	
Contact in Case of Emergency/Illness:	
(1) Name:	Relationship:
(1) Phone:	
(2) Name:	Relationship:
(2) Phone:	

YOUTH'S SIGNATURE: _____ Date: _____

PARENT/GUARDIAN'S SIGNATURE: _____ Date: _____