

Last Initial of Student \_\_\_\_\_  
Grade \_\_\_\_\_

## First Lutheran Church of Kennewick Youth Ministry Participation Form August 2016 - August 2017

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### Youth Information:

Name of Youth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Parent/Guardian Information:

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Youth lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**This information is kept secure and shredded upon expiration.**

**If any information should change during the year, please update this form!**

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**:: Please fill out the other side of form as well ::**

**Medical Information:**

All Allergies: \_\_\_\_\_

All Chronic Illness: \_\_\_\_\_

Regular Medications (including dosage): \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_

Other pertinent data: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Member Number: \_\_\_\_\_

**Authorization for August 1, 2016 - August 1, 2017**

IN CASE OF EMERGENCY, I hereby give permission to First Lutheran Church of Kennewick (KFLC) authorized representatives to act in my behalf to hospitalize and/or secure proper treatment for my child as named on this form. I understand that every effort will be made to notify me first before treatment is administered. I acknowledge that my medical insurance will be the primary insurance billed.

I do hereby release from any liability KFLC representatives in the event that any accident or loss of property en route, during and returning from any event within dates above. In the event of property loss or damage, I understand that my own insurance will be the primary insurance billed.

I hereby agree to indemnify and hold harmless Kennewick First Lutheran Church and it's employees and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

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

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