

Faith Lutheran Church Youth Activities Registration Form Wild mountain

Child's Name: _____ Birthdate: _____ Grade: _____

Address: _____ City: _____

Parent or Guardian Names: _____
(Last) (First) (Middle)

(Last) (First) (Middle)

Phone Number: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Any Health Conditions: _____

I, _____, authorize my child, _____,

MEDICAL/DENTAL CONSENT: In the event that I am unable to be contacted, I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to an agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Doctor's Name and Clinic: _____

Signature of Parent/Guardian: _____ **Date:** ___/___/_____

Safe drop-off and pick-up policy:

I agree to drop my child off at church in person, and pick them up in person, inside the building. If I am unable to drop off or pick up my child personally, I authorize the following person/people to do so in my stead. *This is very important to assure their safety as much as possible.*

Please inform us immediately of any changes to the above list of names. Thank you for helping us to ensure the safety of all our children!

Signature of Parent/Guardian: _____ **Date:** ___/___/_____

- PLEASE CHECK AND CIRCLE YES OR NO -
- Skiing/Snowboarding Pass \$25 Yes or No
 - Rental \$20 Yes or No
 - Tubing \$15 Yes or No

