



Name of Youth _____ Age _____ Grade _____ Birth date _____

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Parent/Guardian Contact Name and Phone _____ / _____

Address _____ City _____ State _____ Zip _____

Email address: _____

Would you like to receive the monthly parent email newsletter for LifeWay Youth? Yes or No

Medical Information

Please list any allergies medications, medical information, or chronic illnesses your student may have. Please write "NONE" if there are no special circumstances/information/medication that we need to be aware of.

Emergency Contact Name & Number _____

(If parents are unavailable)

Does your youth have medical insurance? Yes or No (please circle)

Insurance Information (Company and Policy #) _____

General Release and Hold Harmless Agreement: The undersigned, being the legal guardian of the participant(s) listed above, gives permission for your youth to attend in full all the events both on site at LifeWay Church and off site, excluding overnight stays. You, being the legal guardian of participant, hereby give your permission for LifeWay to take said participant to a doctor or hospital as needed; you also hereby authorize the medical treatment of the participant, including transportation to and from LifeWay Church. You further authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life and/or cause disfigurement, physical impairment, or undue discomfort if delayed. You will assume responsibility of all medical bills, if any. ***This authority is granted only after a reasonable attempt has been made to contact you.*** You understand and acknowledge that the Church would not allow the participant to participate in such activity without releasing and holding harmless the Church. Further, in consideration of the Church allowing your youth to participate in the activity, you agree to release and forever discharge the Church, their officers and directors, their employees and their agents, and any parties volunteering on behalf of the Church from all actions, claims, costs, expenses or damages of any kind growing out of or related to this activity and the participant.

Printed Name of Parent/Legal Guardian

Date _____

Signature of Parent/Legal Guardian

Date _____

Photo and video release! Do you give permission for LifeWay Church to use your youth's image(s) and name(s) associated with any online or in-print marketing for LifeWay Church? YES or NO (circle) _____ (Sign here)