

ST. MATTHEW LUTHERAN CHURCH YOUTH PARTICIPATION FORM 2022-2023

PARENTS - please complete this part:

I give permission for my son /daughter _____ to participate in all youth events with St. Matthew Lutheran Church and/or the Lower Susquehanna Synod. I give permission for his/her photograph to be taken at any event and possibly used for publicity purposes. (Check here ___ if no). I absolve the church, the Lower Susquehanna Synod and their employees and volunteers from responsibility for accident or injury which may occur during any aspect of these events, including transportation to, from and during the event. I give permission to the adult(s) in charge to give medications to my child and to provide or get emergency treatment. I will be financially responsible for any such treatment.

Parent(s) Name(s): _____

Insurance Company and Policy Number: _____

Important Medical Information, including allergies:

Prescription medications he/she will bring to events:

Emergency phone numbers of Parent(s): _____

Email of Parent(s): _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus /COVID-19

I am aware there are risks to my youth of exposure to directly or indirectly arising out of, contributed to, by or resulting from an outbreak of any and all communicable disease, including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is responsible for Coronavirus Disease (Covid-19) and/or any mutation or variation thereof. By signing this agreement, I voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 while participating in youth activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Thus, I absolve the church, the Lower Susquehanna Synod and their employees and volunteers from responsibility.

Parent(s) Signature(s): _____

Date: _____

Date: _____

YOUTH info: please include name as it appears on their ID (either driver's license, passport, or school ID)

Name: _____ Gender: _____ T-shirt size: _____

Birthdate: _____ Age: _____ Grade: _____ School: _____

Address: _____

Phone Number: _____

Email: _____

Are you a vegetarian or have special dietary needs? Please specify: