



Student Information & Release Form

Effective: September 11, 2011 - September 11, 2012
Please print in ink

Name: LAST FIRST MI Age Birth Date Male Female

Graduation Year Student's Email Parent's Email

Parent/Guardian Name Phone: Home Work Cell

Address City State Zip

Second Parent Name Phone: Home Work Cell

Medical Insurance Company Policy # Group #

Emergency Contact Phone: Home Work Cell

Physician Office Phone

Dentist Office Phone

Medical History

Check (Give approximate dates)

- Frequent Ear Infections ADD/ADHD
Seizures Chicken Pox
Heart Defect/Disease Blood disorders
Autism/Tourette's Mononucleosis
Mumps Downs Syndrome
Diabetes Measles
Asthma

Allergies

Check (No dates necessary)

- Hay Fever Penicillin
Poison Ivy Insect stings
Other (incl. food)
Drugs (specify)

Other medical conditions/illnesses including mental illness (depression, anxiety, etc.)

Dietary Restrictions

Current Medications (List both prescription, OTC & herbal)

Medication Dosage Reason

Medication Dosage Reason

Blood Type (If known) Are all immunizations current? (MMR, tetanus every 10 years, hepatitis) Yes No

For your child's safety and our knowledge, is your student a: good swimmer fair swimmer non-swimmer

For your information, we expect each student to conform to these rules of conduct.

- No possession or use of alcohol, drugs, or tobacco
No students can drive
No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
Participation with the group is expected
Respect one another, staff, and adult leaders
Respect property
Respect and comply with event schedules
Students who fail to comply with these expectations may be sent home at their parents' expense.

Activities may include, but are not limited to: amusement parks, baseball, basketball, Bible studies, biking, boating, broomball, camping, concerts, cookouts, dodgeball, downhill skiing, frisbee/ultimate frisbee, games in the park, golfing, hayrides, hiking, ice skating, miniature golf, professional sporting events, roller blading, roller skating, snowboarding, soccer, softball, swimming, volleyball, water parks, water skiing. NOTE: If you desire to limit your child's participation in any event, please submit your wishes in writing to Bethesda's Youth Ministries staff prior to that event.

Parent/Guardian Signature Date

Student Signature Date



Student Information & Release Form

Effective: September 11, 2011 - September 11, 2012

Initial \_\_\_\_\_ Bethesda Lutheran Brethren Church is not responsible for the loss or theft of personal belonging.

Initial \_\_\_\_\_ I understand and authorize that my child's image may be photographed or filmed and used in a video presentation, printed publication, and/or Bethesda's website.

Initial \_\_\_\_\_ In the event of repeated student misconduct, I authorize the staff to send my child home at the parent's expense. I will not receive a refund from the event.

Initial \_\_\_\_\_ The undersigned or a member of the immediate family of the undersigned desires to participate in various programs, events, or activities (hereinafter collectively referred to as "activities") operated or sponsored by Bethesda Lutheran Brethren Church (hereinafter referred to as the "church").

The undersigned or a member of the immediate family of the undersigned realizes that the undersigned or a member of the immediate family of the undersigned may incur personal injury or bodily damage while participating in such activities, and acknowledges that the church would not allow the undersigned or a member of the immediate family of the undersigned to participate in such activities without releasing and holding harmless the church and in consideration thereof agree to hereby release, and forever discharge the church, its officers and its directors, and its employees, its agents, and any parties volunteering on behalf of the church from all actions, claims, damages, costs, expenses of any kind growing out of or related to any activity of the church, in which the undersigned or a member of the immediate family of the undersigned participates.

The undersigned or a member of the immediate family of the undersigned further acknowledges that this is a full and complete release for all injuries and damage which the undersigned or a member of the immediate family of the undersigned may sustain as a result of the undersigned's or a member of the immediate family of the undersigned's participation in any church program.

Initial \_\_\_\_\_ I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits from damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should he/she become ill or if deemed necessary by the youth ministries staff member.

Initial \_\_\_\_\_ I understand that participation in church activities may require transportation, and I grant the church permission to transport my child in the church bus/van, a chartered vehicle, or another privately owned vehicle driven by an adult.

Initial \_\_\_\_\_ I give permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed. (Strike any

Student's Name

Parent/Guardian Signature:

Date:

\*\*\*\*\* Registration: Please check the activities your child is likely to participate in this year. \*\*\*\*\*

<p style="text-align: center;"><b>Middle School Ministries</b></p> <p><input type="checkbox"/> The Bridge (MS Youth Group, Wed., 6:45-8pm)</p> <p><input type="checkbox"/> MS SS (Sun. 9am)      <input type="checkbox"/> MS SS (Sun. 10:30am)</p> <p><input type="checkbox"/> 8th Grade Confirmation (Wed. 6-6:45pm)</p>	<p style="text-align: center;"><b>High School Ministries</b></p> <p><input type="checkbox"/> ONE23 (Sun. 7:30-9pm)</p> <p><input type="checkbox"/> HS SS (Sun. 9am)    <input type="checkbox"/> HS SS (Sun. 10:30am)</p> <p><input type="checkbox"/> 9th Grade Confirmation (Wed., 6:45-7:30pm)</p> <p><input type="checkbox"/> Wed. Night Small Group Bible Study (off campus)</p>
---	---