

Bethany Lutheran Church Event Release Form

110 W. Austin St. Fredericksburg, TX 78624 (830)997-2069

Pastors: Casey Zesch & Travis Meier Youth Director: Kiesha Priem

Effective Dates: September 2015 to September 2016

Print in ink. Each participant (including adults) must have this form on file to participate in activities. Please fill out accordingly.

Participant's Info Name: _____ Age _____ Birthday: _____

Grade in school: _____ Male Female Child's email: _____

Address _____ City _____ Zip _____

Home Phone _____ Child's Cell Phone _____ Text message? Yes No

Medical Insurance Company: _____ Policy # _____

PLEASE ATTACH A COPY OF PARTICIPANT'S HEALTH INSURANCE CARD

Parent/Guardian Info: ●Parent/Guardian Name: _____ Relationship _____

Home Phone _____ Work Phone _____

Cell phone _____ Text message? Yes No

●Parent/Guradian Name: _____ Relationship _____

Home Phone _____ Work Phone _____

Cell phone _____ Text message? Yes No

●Emergency Contact: _____ Relationship _____

Best way to contact: _____

●Physician: _____ Office Phone: _____

●Dentist: _____ Office Phone: _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which the participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof.

Circle the following areas of concern for this participant. If necessary, attach another page with details.

I acknowledge and agree that I will be responsible for the cost of all transportation and health care services rendered my child or person over whom I have legal custody or guardianship and agree to indemnify and hold harmless Bethany Lutheran Church, its pastors, employees, council, staff, agents, chaperons, and volunteers from the cost of all transportation and health care services rendered my child or person over whom I have legal custody or guardianship. I further affirm that the health insurance information provided by me is accurate at this date and will be in force for my child or legal ward at the time of the event in which he or she is participating. I also agree to be solely responsible for the payment of all transportation expenses associated with bringing my child or other person over I have legal custody or guardianship home should they become ill or if deemed necessary by the pastor, staff, employee, chaperon, volunteer or other person in charge of the event.

Parent/Guardian Signature _____ Date _____