

**Participant Information**

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 T-shirt Size: YS YM YL S M L XL 2X 3X

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Insurance Information**

Carrier or Plan Name: \_\_\_\_\_ Group#: \_\_\_\_\_  
 Carrier's address: \_\_\_\_\_ Name of insured: \_\_\_\_\_  
 Relationship to Participant: \_\_\_\_\_ Insurance I.D. #: \_\_\_\_\_

**Parent/Guardian Authorization**

I, the undersigned parent/guardian, give permission for the above named to participate in church-sponsored youth events during the 2018-2019 school year and adjacent summers. I recognize and acknowledge that youth activities can involve certain hazards including, but not limited to, illness, injury, and accidents, and release Lifeway Wesleyan Church from liability. I hereby certify that the information above is correct. IN CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to notify me or the emergency contact above. If unable to be reached, I hereby give my permission to the chaperone(s) of the activity to contact my physician, or another physician if the above named medical professional is unavailable. I grant permission to that physician to hospitalize, order injections, administer amnesia, perform surgery, or seek other emergency medical treatment, including ordering x-rays or routine tests, for the participant named above. I hereby give permission to the designated medical provider to offer routine healthcare and administer all medications, including non-perscription (over-the-counter) drugs. The following health history is correct and complete to the best of my knowledge. I agree to the release of any records necessary for insurance purposes. This completed form may be photocopied for trips off the church property.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

I understand that while participating in church-affiliated events, photographs and videos may be taken of me and/or my child. By signing below, I am acknowledging this and agreeing to allow Lifeway Wesleyan Church to use these photos/videos for display and promotion.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Release**

I, the undersigned parent/guardian, give permission for the above named to be transported to and from the scheduled off-site youth events in the 2018-2019 school year and adjacent summers, by a driver approved by Lifeway Wesleyan Church. I understand that one-on-one driving situations will be only permitted with prior written or verbal permission, specific to the given event. I also understand that any abusive, disruptive behavior and/or language while riding the vans of Lifeway Wesleyan Church may constitute my child(ren) being sent home. These types of actions will result in m child losing transportation privileges. This form must be filled out to be permitted on the bus.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Participant's Covenant**

As a participant in the 2018-2019 Lifeway Youth activities, I the undersigned, will cooperate with the leaders of the program. I will involve myself with church-sponsored youth activities offered. I will not bring any type of weapon(s), or use any form of alcohol, tobacco, or drugs (except for prescribed medical purposes). I will behave as a Christian person. **I understand that I cannot leave a youth activity early without written parental/guardian permission and prior communication with the youth leaders.**

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Health Information**

Allergies: List all known allergies including those involving medication, food, insects, asthma, hay fever and other allergies. Describe reaction and management of reaction.

Allergy	Reaction and Management
_____	_____

Medication: Please list ALL medications, including over the counter or non-prescription drugs, taken routinely. Please bring emergency medications (inhaler, Epi pen, etc) to all youth activities, and bring routine medications as needed. **Keep medication in the original packaging/bottle that clearly identifies the prescribing physician (if a prescribed drug), the name of the medication, the dosage and frequency of administration.** Upon arrival for overnight events, all medications must be checked in with the adult leaders.

**No medications** taken on a routine basis.

Medications taken as follows. Attach additional pages, if necessary.

Med #1: _____	Dosage: _____	Specific times taken each day: _____
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**Health History (circle all that apply):**

- |                      |                         |                     |                        |                       |           |
|----------------------|-------------------------|---------------------|------------------------|-----------------------|-----------|
| Epilepsy or seizures | Frequent ear infections | menstrual problems  | Asthma                 | Frequent sore throats | Headaches |
| Bed-wetting          | Heart Disease           | Back pain or strain | Alcohol/drug addiction | ADD/ADHD              | Diabetes  |

**Special Needs/Restrictions**

Explain any restrictions to activity (including necessary adaptations and limitations) and provide any additional information that will enable us to create a healthy, helpful environment for the participant. Please include: recent injuries or illnesses, medical conditions requiring treatment (i.e. surgery, overnight hospital stays, ongoing conditions, etc), behavioral/learning challenges and suggested disciplines, emotional needs/concerns, hearing or visual impairments, bedtime habits or any special routines. \_\_\_\_\_

Please list any dietary restrictions: \_\_\_\_\_