

Saint Paul Lutheran Church GENERAL Children's Ministry REGISTRATION Form

This form **MUST** be filled out and on file (for each child) with Saint Paul Lutheran Church for use of the Parents Day Out or Explore Programs. This form will be kept on file for the current year. Please keep a copy for your records. Any updates to this form may be done at any time **BEFORE** the next date of use of the program.

Parental Permission Release

Saint Paul Lutheran Church, 100 S. School Street, Mt. Prospect, IL 60056

I understand my child has been invited to attend Parents Day Out and Explore events as well as activities sponsored by Saint Paul Lutheran Church. I agree with the conditions on this form and hereby grant permission for my child to attend the events / activities.

Student's Name: _____

Birth date ____ / ____ / ____
Last First M.I.

Address: _____

Parent/Guardian 1 _____

Home Phone: _____

Work Phone: _____ Cell: _____

Parent/Guardian 2 _____

Home Phone: _____

Work Phone: _____ Cell: _____

Email: _____

Emergency Contact Information (If other than parent)

Contact 1 Name: _____

Relationship to student: _____

Contact Phone Number(s): _____

Medical Insurance Carrier: _____

Policy # _____

Doctor's Name: _____ Phone _____

Medical Information: (Allergies / Medications, etc.)

**See Reverse side for IMPORTANT Conditions, Agreements, Information
AND Parental Signature
*Conditions***

I(We) acknowledge that participation in any and all Saint Paul programs or events is voluntary. We agree to the following conditions for participation in the Parents Day Out, Explore ministries of Saint Paul Lutheran Church of Mt. Prospect, Illinois.

- I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Saint Paul Lutheran Church representative(s) to provide needed medical emergency treatment to the student prior to his/her admission to a medical facility.
- I understand that my child may leave the church building to use the playground, school gym or take an observation walk not to exceed a three block radius of Saint Paul Lutheran church.
- Saint Paul is not responsible for the loss or theft of personal belongings.
- I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors, and assigns: **A)** I waive, release and discharge from any and all claims or liabilities for personal injury of any kind which arise out of or relate to my child's participation in the events and programs of Saint Paul Lutheran Church of Mt. Prospect, the following person or entities: Saint Paul Lutheran Church of Mt. Prospect, its pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; **B)** I agree not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein; and **C)** I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's participation in Saint Paul related activities. I hereby assume the risk of my child participation in all Saint Paul Lutheran Church ministry activities and programs.
- Participation in Saint Paul Children's Ministry events or programs is a privilege and this privilege may be denied by a Saint Paul staff member when, in their opinion, the participation of that the child is disruptive and not in keeping with the mission of Saint Paul.

- I grant permission for my child to be photographed and / or filmed and his/her image may be used in video presentations, printed publications, or on Saint Paul's website. My child's name will not be published.
- I **DO NOT** grant permission for my child to be photographed and / or filmed and his/her image may **NOT** be used in video presentations, printed publications, or on Saint Paul's website.
- I have read and understand the terms, conditions, and requirements contained in the PDO parent guide.

Parent Signature _____
Date ____ / ____ / ____