



## PARTICIPANT REGISTRATION FORM & MEDICAL RELEASE (Youth & Adult)

Name:						
Address:						
City/St/Zip:						
Phone:		(                    )				
Email:						
Birth Date:						
T-Shirt Size:		S	M	L	XL	2XL 3XL
Grade:		6	7	8	Adult	
Gender:		M	F			
Allergies or medical concerns:						

Medical Insurance Provider: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

*The undersigned does heartily give permission to our (my) child to attend and participate in the activities sponsored by the Jr. High DYG 2020 including swimming, recreational activities and servant projects. We (I) give permission to allow any pictures or videos taken during the Pacific Southwest District of the Lutheran Church – Missouri Synod to be used for publicity purposes. We (I) authorize an adult, in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, & hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable & agrees to pay all costs & expenses incurred in connection with such medical & dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.*

Parent/Legal Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_