

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:	9	10	11	12	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 2019 Teen Leadership Training. 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 relating to 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 _____

Date _____