

# Emmanuel Lutheran Youth Ministry Event Form

Event:

Event Date:

Youth Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent or Guardian Name (print) : \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone (w/ Area Code): Day \_\_\_\_\_ Night \_\_\_\_\_

Will your youth be taking medications? Y/N List name and dosage (con't on back): \_\_\_\_\_

Does your youth have any allergies/ medical concerns? Y/N List concerns (con't on back): \_\_\_\_\_

## Emergency Contact Information

Name & Relationship to Youth: \_\_\_\_\_ Phone: \_\_\_\_\_

As legal Guardian of the youth listed above, I hereby allow my child to participate in this event. I further accept unto myself, all responsibility and all liability for any injury, death, or other loss or damage that occurs to the minor as a result of the minor's participation in this event.

I will indemnify and hold harmless the ELCA, its agents, affiliates and successors, including Emmanuel Lutheran Church from all claims, judgments, and costs, including attorney's fees, incurred in connection with any action that may be brought as a result of the minor's participation in this activity.

In the event that my child becomes ill or sustains injury during this event, including transit, I give my permission for those who are in charge to administer first aid. Should a medical emergency arise during my child's participation in this activity, I understand that reasonable efforts will be made to contact me, or my designated alternates at the phone numbers I have given. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternates would cause, I also consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or specific supervision of a duly licensed physician and/or surgeon licensed under the Provision of Medical Practice Act or of any dentist licensed under the Dental Practice Act. This authorization extends to my child's participation in any activity sponsored by ELC Youth Ministries during the above named event.

**I also acknowledge that Emmanuel's Child Protection Policy requires that my child always ride with at least two trained and approved adults (one at least 21 years old) , but that it may be necessary for there to be only one adult (the driver) present in the car. That adult driver will be at least 21 years old.**

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

I'm able to provide transportation (please check) To: \_\_\_\_ From: \_\_\_\_ event. I can take \_\_\_\_ passengers

I allow photos taken of my child during this event to be used in Emmanuel publications such as the Evangel youth insert and the youth bulletin board. \*Last names will never be used in photo captions. Yes \_\_\_\_\_  
No \_\_\_\_\_

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

## Youth Covenant

-I will be respectful of all people at all times and will not engage in any form of abuse.

-I will honor the directions of the adult leaders.

-I will not possess weapons, alcohol, or any illegal items/ substances.

-I will participate in all activities with a positive heart and attitude.

-I will follow these guidelines and I will be a positive representative of Emmanuel Lutheran Church. I confirm that I have voluntarily chosen to participate in this event and understand that if I do not follow the expectations, I may be asked to arrange an early ride home. I am aware that this event may present risk of personal injury and loss or damage to personal property. I voluntarily assume all risks that may result from my participation in said event.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE FILL OUT, SIGN, & TURN-IN FORM & PAYMENT TO ELC BY: / /2019

Questions? Contact Jennifer Hahn [jhahn@elcvienna.org](mailto:jhahn@elcvienna.org) or 203-295-5022

**Please include a photocopy of your student's insurance card!**