

Summer Splash 2019
Participation Form & Medical Release

Student Name: _____ Grade Completed: _____

Address: _____

Email: _____

Parent's Name: _____ Phone number: _____

Circle One: Cell or Landline

Emergency Contact Name: _____ Phone: _____

Circle One: Cell or Landline

I give permission for my son/daughter to join First Lutheran Church for the Summer Splash 2019. I understand that the group will be traveling by walking or Church van and/or personally owned vehicles. These cars will be driven by licensed drivers that are 18 years of age or older.

In the event of an emergency, I give permission to First Lutheran Church to act in the best interest of my child for treatment needed until I am reached.

List all food, environmental or medical allergies your child has:

I hereby release First Lutheran Church, the staff and volunteers, from responsibility and liability for any injury or illness that my child might sustain while violating direct, or in principal, the advice and or directions of the adult leaders of this trip.

Parent/Guardian Signature _____ Date: _____

Photo Release: I give permission to First Lutheran Church to use any pictures taken of my child at Summer Splash events to be used for promotion via Facebook, Bulletin Boards, Website, Newsletters, etc. _____ yes _____ no

My child will be attending Summer Splash 2019 on these dates: (check all that apply)

____ June 10th ____ June 17th ____ July 15th ____ July 22nd ____ August 11th ____ August 19th