

ALL SAINTS LUTHERAN CHURCH YOUTH ACTIVITIES

PERMISSION/MEDICAL RELEASE FORM

In the event of injury while my child, _____ is participating in an event with All Saints Lutheran Church during 2014-2015, I give my permission to treat my son/daughter.

Parent/Emergency Contact Name _____ Phone _____

Doctor Name _____ Phone _____

Name of Insurance Company _____ Policy/ID Number _____

Additional Information, Conditions, Allergies or Medications _____

IMPORTANT- IN THE EVENT THAT THE INFORMATION ABOVE IS OUTDATED I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UPDATE ALL SAINTS LUTHERAN CHURCH WITH THE MOST CURRENT EMERGENCY INFORMATION.

Signed _____ Date _____ Name (Printed) _____

TRANSPORTATION RELEASE FORM

The child listed on this registration form has my permission to ride in the car with an adult volunteer who has offered to transport them to and from programming activities for All Saints Lutheran Church. In an event of an emergency the above emergency information may be used.

Signed _____ Date _____ Name (Printed) _____

PHOTO RELEASE FORM

I hereby authorize the staff/members of All Saints Lutheran Church, Phoenix, Arizona, to photograph the image(s) (via print media, digital images or videotape) and to tape record the voice(s) of the person on this form. Said audio, video and photographic images may be used at the discretion of the staff and members working under the supervision of the staff of All Saints Lutheran Church, Phoenix, for the purpose of recording and promoting the ministries of this congregation, within audio-visual presentations, publications, websites, etc. It is understood that the subject will receive no remuneration for their participation in these projects and release from liability All Saints Lutheran Church, its staff and officers.

Signed _____ Date _____ Name (Printed) _____