

### Gethsemane Lutheran Church

## Child/Youth Program Consent Form For September 2021 – August 2022

### Child/Youth Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *Nickname*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Youth Cell Phone: ( ) \_\_\_\_\_

Family Email: \_\_\_\_\_ Youth Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size Youth SM Youth MED Youth LRG Adult SM Adult MED Adult LRG Adult XL Adult 2XL \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Any allergies (food or medical)? \_\_\_\_\_

Any restrictions on diet or exercise? \_\_\_\_\_

Any other special needs we should be aware of? \_\_\_\_\_

### Parent/Guardian 1

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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

### Parent/Guardian 2

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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

### Child/Youth Programs

Which programs do you expect your child to participate in over the next year:

- Sunday Church School       Wednesday Evening Activities       Confirmation
- Middle/High School Trips and Off-site Activities/Events       Vacation Bible School

**Emergency Contact Information (if Parent/Guardian(s) Cannot Be Reached)**

Full Name: \_\_\_\_\_  
Last First M.I.  
Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code  
Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Release of All Claims**

It is my intention to grant permission for my child, \_\_\_\_\_ (“child”) to participate in GLC events occurring between September 2021 and August 2022.

\_\_\_\_\_(initial here) I represent to Gethsemane Lutheran Church, its employees and volunteer workers (collectively, "GLC") that I have the legal authority to make decisions regarding the welfare, safety and legal rights of the child. I understand that this document waives certain legal rights that my child and I might have, and limits the liability of GLC, in the event of an accident or injury occurring during a GLC event.

\_\_\_\_\_(initial here) I understand that there are inherent risks involved in any ministry or event sponsored by GLC. I understand and agree that it is my parental duty to request information about each event from GLC; to assess the risk of each individual event; to discuss those risks with my child; and to prevent my child from participating if I deem the event too risky. I further understand and agree that GLC is not responsible for determining whether or not I have given my permission for my child to participate in any given event. GLC may rely on this signed document, coupled with my child's actual participation, as an expression of my permission for the above-named child to participate in any event.

\_\_\_\_\_(initial here) In consideration of my child’s participation in GLC events, ministries, activities and/or programs, including the use of GLC facilities, I do hereby release GLC, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child’s involvement.

\_\_\_\_\_(initial here) If I, as parent or guardian, cannot be contacted in the case of an emergency or other medical necessity, GLC is authorized on my behalf and on behalf of the above-named child, to arrange for such medical and hospital treatment as GLC deems advisable for the health and wellbeing of the above-named child. I acknowledge that I will be ultimately responsible for the cost of any medical care required. I understand that staff and volunteers are not responsible for the administration of prescribed medication and I will make private arrangements for any medication required by my child.

\_\_\_\_\_(initial here) I authorize GLC to transport my child to, from, and during any GLC event where GLC provides transportation. I also understand that, from time to time, other youths may drive their own vehicles to, from and during events. I understand that it is GLC’s policy to disallow children and youths from riding in vehicles driven by other youths without parental consent. However, I agree that GLC is not responsible for determining whether I have given my permission for my child to ride in vehicles driven by other youths, and I acknowledge that it is my parental duty to prevent my child from riding in vehicles driven by other youths.

\_\_\_\_\_(initial here) I DO give my permission for my child’s photograph to be used by GLC to share and promote youth events and activities.

\_\_\_\_\_(initial here) I DO NOT give my permission for my child’s photograph to be used by GLC.

We agree that this document, and the waiver of rights and limitations of GLC's liability, continue in full force and effect should the child attain the age of majority or otherwise become emancipated during the effective dates listed above.

Parent / Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature (if 18 or over) \_\_\_\_\_ Date \_\_\_\_\_