REQUEST TO PARTICIPATE IN A YOUTH EVENT

Bethany Lutheran Church
Long Beach, California 90808

PLEASE PRINT ALL INFORMATION

Participant's Name: _____

Participant's School*: _____ **Grade:** _____

**If participant attends Bethany Lutheran School, please indicate Teacher's Name:* _____

Description of Event: All youth events from **August 2009-August 2010** not involving an overnight stay.

I request that my child be permitted to participate in the Youth event described above. In consideration of his/her being permitted to participate, I agree to the following:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it. I expressly request that my child voluntarily participate in the event.

2. I waive and forever release and discharge Bethany Lutheran Church, its Board of Youth, and its officers, employees and agents from a liability, claims, loss, cost or expense arising from or attributable to the above mentioned event.

To the best of my knowledge, my child has no physical condition, which would interfere with his/her ability to participate in or attend this event or would endanger his/her health or any other participant's health.

_____ _____

Date Signature of Parent/Guardian

(To be retained by Supervising Staff Member)

MEDICAL AUTHORIZATION

Should my child need to have medical treatment while participating in this event, I hereby give Bethany Lutheran Church personnel permission to use their judgement in obtaining medical service for my child and I give permission to the physician selected by Bethany Lutheran Church personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that Bethany Lutheran Church has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

Participant's name	Medical Insurance Co.
Emergency phone number	Medical Ins. #
Home Address	
Home phone #	Cell phone #
Business Phone #	
Signature Parent/Guardian	
Date	

Please list any medical concerns your child may have such as allergies, diabetes, asthma, etc.:

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