

**HOSANNA LUTHERAN CHURCH YOUTH MINISTRY  
AUTHORIZATION FOR PARTICIPATION**

Youth Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex \_\_\_\_\_

Parent(s) or Legal Guardian Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Mother's Work: \_\_\_\_\_ Father's Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Emergency Contact (other than parents): \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Work/Moble: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Health Conditions/Allergies/Physical Limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications/Dosage: \_\_\_\_\_

Unless specified above, to the best of my knowledge my child is in good health, free of communicable diseases, and I give complete permission for his/her participation in all activities and outings associated with Hosanna Lutheran Church's Youth Ministry.

Exceptions: \_\_\_\_\_

In consideration of the time, talents, and means of tie supervisors and volunteers supporting my child -during any activity, I assume complete and MN responsibility for any and all risks and hazards to my child that are or may be associated MM or may arise from any activity or outing including transportation to and from any activity or outing. I I hereby waive all claim against Hosanna Lutheran Church, its officers or members, its staff, the organizers, sponsors, supervisors or volunteers involve in any activity or outing, and for any injury tot may occur to my chid during the course of any activity or outing, including travel to or from.

Parent/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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