

**ST. MATTHEW'S LUTHERAN CHURCH
YOUTH GROUP EVENT
REGISTRATION AND WAIVER**

EVENT _____ **DATE** _____

LOCATION _____

CHILD'S NAME _____ **AGE** _____

DIETARY RESTRICTIONS AND/OR ALLERGIES _____

MOTHER'S CELL NUMBER _____

FATHER'S CELL NUMBER _____

HOME NUMBER _____

EMERGENCY CONTACT IN EVENT PARENT CAN'T BE REACHED

In signing this waiver, I _____, a parent and/or guardian of the above named participant in the St. Matthew's Lutheran Church Youth Group Event, release St. Matthew's Lutheran Church and all other involved parties from any claims and responsibilities for any injuries which my child may incur in participating in the event. I knowingly assume all risks associated with participation and assume full responsibility for my child's participation. I authorize the adult supervisor on site to request medical treatment as necessary to insure my child's well being.

Medical Insurance Information:

Company: _____

Policy Number: _____

PARENT SIGNATURE _____

DATE _____