

Lookout Mountain Presbyterian Church

Please complete and attach a copy of your medical insurance card (front and back) and return completed form in a sealed envelope, ATTN: Christie Dodson, to either the youth office or the front office. Thank you!

Youth Name: _____ Birthdate: _____

Parent Name: _____

Address: _____

City _____ State _____ Zip _____

Parent email address: _____

Youth email address: _____

Phone numbers: (home) _____ (youth cell) _____

Parent cell: (father) _____ (mother) _____

Student's school _____ anticipated graduation year _____

Alternate contact in case we cannot reach you: _____

Relationship to child: _____ Phone: _____

Child's Physician: _____ Phone: _____

Medical allergies, medication, or other important medical information:

Other information you feel might be helpful for us to know concerning your child (learning disabilities, developmental issues, etc.)

Do we have permission to use your child's photo on our website and for our publications? (his/her name will not be listed)
yes _____ no _____

In case of injury & I am unable to be contacted after a reasonable attempt has been made, the staff representative of Lookout Mountain Presbyterian Church is hereby authorized to act on my behalf should my child need medical attention.

(Signature of Parent/Legal Guardian)

Date: _____

Insurance Company & Policy Number: _____

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.

(to be completed by the parent/guardian)
Consent and Release from Liability

My child, _____, has my permission to participate in all youth activities sponsored by Lookout Mountain Presbyterian Church. These activities may include, but are not limited to:

Bible studies, overnight retreats, mission trips, service projects, small groups, youth group meetings, meetings over meals (ie. Bible and Breakfast, Dinner and Devotions), cookouts, sports and games, camping, swimming, beach trips, student conferences (ie. Camp Kulaqua), Six Flags, and more.

Note: if you desire to limit your child's participation in any event, please submit your wishes in writing to our youth department prior to that event.

In consideration of the benefits to be derived from these activities, I release, discharge and hold harmless Lookout Mountain Presbyterian Church, their employees or those supervising the event from any and all claims arising from my child's participation in this activity, or as a result of injury or illness of my child during this activity. I understand that adequate precaution will be taken for the safety and supervision of my child at all times.

parent/guardian signature: _____

date: _____