

This document requires a digital signature in multiple places. Each time you click the check box, you validate an electronic signature. By checking this box, you are digitally signing this document. Do you agree to the terms stated in this document and further certify that checking the boxes counts as an electronic signature?

Agree

## **General Information:**

Youth Name:	Birtl	hdate:
Parent Name(s):		· · · · · · · · · · · · · · · · · · ·
Address:		
City	State	_Zip
Parent email address:		
Youth email address:		
Phone numbers: (home)	(youth ce	
Parent cell: (father)	(mother)	
Student's school		grade in school
Alternate contact in case we cannot reach you	1:	
Relationship to child		Phone:
Do we have permission to use your student's  Yes No	photo (no name listed) on	our website & in our publications?
Medical Information:		
Student's Physician:		Phone:
Does your student have any allergies? If yes, J	please list the allergies:	
Does your student take medication regularly?	? If yes, please list:	
Does your student have other medical/physic asthma, diabetes, a heart condition, etc.) If yes		ns of which we should be aware: (such as

## Medical Release Form:

, ,	reasonable attempt has been made, the representative authorized to act on my behalf should my child need
By checking this box, I am digitally signing the document and further certify that checking this box c	S .
Signature of parent/legal guardian	Date
Insurance Company & policy number	
copy to christie@lmpc.org or margaret@lmpc.org or bring a c	nt and back of your medical insurance card. You may email a copy to either the youth office or the LMPC main office.  a sealed envelope, ATTN: Youth Secretary, to either the youth
PERMISSION FORM: Cons	ent and Release from Liability
Bible studies, overnight retreats, mission trips, service	h. These activities may include, but are not limited to: e projects, small groups, youth group meetings, and Devotions), cookouts, sports and games, camping,
Note: if you desire to LIMIT your child's participation in an department prior to that event.	y event, please submit your wishes in writing to our youth
In consideration of the benefits to be derived from th Lookout Mountain Presbyterian Church, their emplo all claims arising from my child's participation in the child during these activities.	yees or those supervising these events from any and
By checking this box, I am digitally signing the document and further certify that checking this box of	is document. I agree to the terms stated in this ounts as an electronic signature.
Signature of parent/legal guardian	Date