



**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       Do not agree

**General Information:**

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Youth email address: \_\_\_\_\_

Phone numbers: (home) \_\_\_\_\_ (youth cell) \_\_\_\_\_

Parent cell: (father) \_\_\_\_\_ (mother) \_\_\_\_\_

Student's school: \_\_\_\_\_ grade in school: \_\_\_\_\_

Alternate contact in case we cannot reach you: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Do we have permission to use your student's photo (no name listed) on our website & in our publications?

Yes       No

**Medical Information:**

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your student have any allergies? If yes, please list the allergies:

\_\_\_\_\_

Does your student take medication regularly? If yes, please list:

\_\_\_\_\_

Does your student have other medical/physical conditions or limitations of which we should be aware: (such as asthma, diabetes, a heart condition, etc.) If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

**Medical Release Form:**

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

By checking this box, I am digitally signing this document. I agree to the terms stated in this document and further certify that checking this box counts as an electronic signature.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company & policy number \_\_\_\_\_

**You are responsible to provide LMPC with a copy of the front and back of your medical insurance card. You may email a copy to [christie@lmpc.org](mailto:christie@lmpc.org) or [margaretcompton@lmpc.org](mailto:margaretcompton@lmpc.org) or bring a copy to either the youth office or the LMPC main office. If you are returning a paper copy of this form, please do so in a sealed envelope, ATTN: Youth Secretary, to either the youth office or the LMPC main office. Thank you!**

**PERMISSION FORM: 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), rafting trips, ski trips, 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 these events from any and all claims arising from my child's participation in these activities, or as a result of injury or illness of my child during these activities.

By checking this box, I am digitally signing this document. I agree to the terms stated in this document and further certify that checking this box counts as an electronic signature.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_