

I the parent of (_____) certify that my child is in good health and not under any doctor's care for illness or injury. I hereby voluntarily give my child permission to participate in the Immanuel Lutheran Church's _____. I hereby release Immanuel Lutheran Church and all of their respective officers, trustees, employees, and members of any kind from any and all liability for any acts or omissions, claims, causes of action, injuries, damages, or cost of expenses regarding or relating to my child's participation in the above-referenced activity.

Child's Name: _____

Date: _____

Parent Name

Parent Signature

Address

Zip Code

Parent Phone Number

Emergency Contact Name/Number

Is there anything important we need to know (allergies, medical, concerns, etc.) _____

