

Participant Information		
Participant's Name	Date of Birth	Sex
Participant's Email		
Participant's mobile	Participant's School	
Parent/Guardian Information		
Parent's/Guardian's Name	Parent's/Guardian's Name	
Email address	Email address	
Home Phone	Mobile Phone	Home Phone Mobile Phone
Address		Address
City, ST ZIP Code		City, ST ZIP Code
Alternative Emergency Contacts		
Primary Emergency Contact	Secondary Emergency Contact	
Home Phone	Mobile Phone	Home Phone Mobile Phone
Medical Information		
Hospital/Clinic Preference		
Physician's Name		Phone Number
Insurance Company		Policy Number
Allergies/Special Health Considerations		
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian nor alternative emergency contacts can be reached in the case of an emergency.		
Parent's/Guardian's Signature		Date
I give permission for my child to participate in Shepherd of the Valley Lutheran Church (SOV) activities for 2014-2015. I release SOV and adult leaders from liability in case of accident during activities related to SOV, as long as normal safety procedures have been taken.		
Parent's/Guardian's Signature		Date
I give my permission for photographs, video and sound recordings of myself or my child for SOV purposes in communicating our activities.		
Parent's/Guardian's Initials		