

Forms needed to participate in children and youth activities at Church of the Lakes:

1. Information page: Contact information, Physician information, Allergies
2. Authorization to Obtain Urgent or Emergency Medical Care
3. Permission to Participate: Release/Waiver of Liability and Indemnity Agreement
4. Permission to travel in a vehicle with one adult present

INFORMATION ABOUT THE PARTICIPANT

Name _____ Birthday _____

Permanent Address _____

Lake Address _____

Parent (or) Custodial Adult name and contact information, where you can be reached during the event.

Name _____ Phone _____

EMERGENCY CONTACTS

Please let the following people know that they have been listed as your child's emergency contact during the event.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Primary Physician _____ Phone _____

Allergies (including medication or foods your child should not take or ingest)

Special Needs or Concerns
