



ZION LUTHERAN CHURCH  
213501 Legacy St., Stratford, WI 54484  
Phone: 715-687-4110  
[www.zionstratford.org](http://www.zionstratford.org)

## Confirmation Student Registration

Youth Medical, Consent, & Release Form 2022-2023

*(Each youth needs an individual form. Please fill out a new form for siblings.)*

**NAME OF YOUTH** \_\_\_\_\_

Grade (2022-2023) \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone \_\_\_\_\_

*(Include both parents if applicable)*

### **CONSENT AND RELEASE OF LIABILITY**

- \_\_\_\_\_ (Youth's name) has my permission to participate in all activities of Zion Lutheran Church and to be transported by private car when necessary.
- I understand all events will have adult supervision.
- I hereby release Zion Lutheran Church, Zion Lutheran Church employees, the sponsors, and the owner/driver of the car furnishing transportation to and/or from an event from any and all liability and claims arising from or in any way connected with an activity/event.
- I agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge.
- I also realize that my child may be in photographs or videos taken during activities. I waive the right to inspect or approve the photo or video if used for publications or publicity.
- This consent and release is in effect for any activities sponsored and carried out by Zion Lutheran Church until August 31, 2023, or until I give Zion Lutheran Church written notice to the contrary.

By signing below I acknowledge that I have read, understand, and agree to the terms and conditions of this Consent and Release of Liability.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any questions regarding registration,  
please email the church office at [office@zionstratford.org](mailto:office@zionstratford.org) or call 715.687.4110.*

*Side Two*  
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### MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for my son/daughter, \_\_\_\_\_, in the event of illness or injury during any sponsored activity of Zion Lutheran Church. This permit is in effect until August 31, 2023, or until I give Zion Lutheran Church written notice to the contrary.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance Company Emergency Phone: \_\_\_\_\_

### EMERGENCY INFORMATION

Please list **two** emergency contacts other than the parents/guardians listed on the first page. In the case of an emergency, the parents will be contacted first, followed by the emergency contacts.

	Emergency Contact #1	Emergency Contact #2
Name & Relationship		
Address		
Phone		

*Please print (use the bottom of form if necessary)*

Does your child have any allergies (medications, food, etc.)? \_\_\_ Yes \_\_\_ No If yes, explain:

Has your child had any surgery or serious illness within the last 3 years? \_\_\_ Yes \_\_\_ No If yes, explain:

Is your child required to take any medication? \_\_\_ Yes \_\_\_ No If yes, for what reason and how often?

Is your child presently under a doctor's care? \_\_\_ Yes \_\_\_ No If yes, explain: