



ZION LUTHERAN CHURCH
213501 Legacy St., Stratford, WI 54484
Phone: 715-687-4110
www.zionstratford.org

JTeam/Little Lutherans Registration

Youth Medical, Consent, & Release Form 2024-2025
(Each youth needs an individual form. Please fill out a new form for siblings.)

NAME OF YOUTH

Grade (2024-2025) _____ 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, 2025, 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 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, 2025, 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: