

LIFT PARISH- REGISTRATION & MEDICAL RELEASE

(One form per child, please)

Church's Name _____ Event _____ FORM YEAR _____

Child's Name _____ Nickname (if desired) _____

Age _____ Gender: _____ Male _____ Female _____ Grade Entering _____

Home Church (if applicable) _____

Allergies _____

Medical Issues or Special Needs _____

My child would like to be placed in the same group as (Child's Name) _____

Parent Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone # _____ Cell Phone # _____

Other Phone # _____

Emergency Contact/Relationship _____

Emergency Phone # _____

Alternate Pickup Name _____ Phone # _____

Medical Release: I give my permission for the staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the LIFT Parish, LLC and their partner congregations permission to copyright and use photographs/videos taken during events. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Parent/Guardian Signature

Date