

the SPOT

Christ Lutheran Church After School Program Registration and Health Form 2018-2019

First, Middle, Last Name _____ Birth Date _____ Current Grade _____

Address _____ Home Phone Number _____

Father's Full Name _____ Cell Phone Number _____ Mother's Full Name _____ Cell Phone Number _____

Secondary Address (Also list name and relation) _____ Secondary Phone Number _____

Email Address(es) _____

5:30 p.m. 6:00 p.m. Other Specify: _____

Adult(s) with Permission to Pick Up Student _____ Time of Pick Up _____ Phone Number _____
(A note from parent/guardian must be submitted prior to allow any other person permission.)

Health and Emergency Information

In an emergency, notify:

Name _____ Relationship to Student _____ Home Phone Number _____ Cell Phone Number _____

Name _____ Relationship to Student _____ Home Phone Number _____ Cell Phone Number _____

Name _____ Relationship to Student _____ Home Phone Number _____ Cell Phone Number _____

Does the student have any physical condition requiring special care? Does the student require activity restrictions? Please explain:

Does the student have any allergies to food, medications, or other? If so, describe reaction and treatment:

Is the student currently up-to-date on vaccines as required by Menomonie School District (SDMA)? Please Circle: YES NO

Waiver and Authorization:

I understand and certify my child's participation in The Spot, after-school program, held at Christ Lutheran Church and all its activities are entirely voluntary. I recognize that certain hazards and dangers are inherent at events and programs and I acknowledge that although Christ Lutheran Church has taken safety measures to minimize the risk of injury, Christ Lutheran Church or CLC Youth Ministries cannot ensure or guarantee that the participants', equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. I waive any claim against The Spot or Christ Lutheran Church, CLC Youth Ministries, and/or its personnel for any lost articles, for any injury to my minor child, and/or injury to myself.

Authorization for Treatment: In case of emergency, if I am unable to be reached, I hereby give permission to the physician selected by the adult leader(s) to secure and administer treatment including hospitalization for my child as named above.

Authorization for Transportation: I hereby give permission for my child(ren) to participate in all field trips away from the church building during the 2018-2019 program year for The Spot at Christ Lutheran Church. I give permission for my child(ren) to be transported to and from the church premises for The Spot events and in the case of emergency.

Printed: _____ Signed: _____ Date: _____

2018-2019 Photo Release:

I allow Christ Lutheran Church and CLC Youth Ministries to post photos and videos of my child(ren), listed above, on the Christ Lutheran Church related online sources including, but not limited to, the website and Facebook. I also allow Christ Lutheran Church and CLC Youth Ministries to print and post photos of my child(ren) within the church building.

Signed: _____ Date: _____
Return this form to The Spot personnel or the church office at 1306 Wilcox Street Menomonie, WI 54751