

**FAITH FORMATION**  
**BETHANY LUTHERAN CHURCH**  
*2712 Washington Ave., Iowa Falls, Iowa 50126*  
*(641) 648-3555*

**Registration, Health Form, and Liability Waiver**  
**August 2022 – July 2023**

Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Baptismal Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant's Parents'/Guardians' Names: \_\_\_\_\_

Address (If different than participant's): \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents'/Guardians' Phone #s (whose): \_\_\_\_\_

Parents'/Guardians' emails: \_\_\_\_\_

If separated or divorced do both parents have legal custody? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "No" please specify: \_\_\_\_\_

Does participant have any:

Physical limitations regarding participation? No: \_\_\_\_\_ Yes: \_\_\_\_\_

Explain: \_\_\_\_\_

Allergies (food, drugs, hay fever, insects, etc.) No: \_\_\_\_\_ Yes: \_\_\_\_\_

Explain: \_\_\_\_\_

Medications allowed, if needed during Bethany activities (names, doses, frequency): \_\_\_\_\_

Date of last Tetanus booster: \_\_\_\_\_

**Over**

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Emergency Contact: (in case Parents/Guardians cannot be reached)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ (cell, home, work)

Relationship to participant: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Office Phone #: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

**Liability Waiver – Please read carefully**

I hereby consent to allowing \_\_\_\_\_ to participate in the activities of Bethany Lutheran Church.

I understand that it is the express intent of Bethany Lutheran to provide for my child's/guardian's safety and protection. I hereby release Bethany Lutheran, it's pastor(s), council/board members, employees, volunteers, chaperones, congregational members from all liability, all damages, and injuries suffered while my child/guardian is under the supervision, instruction, activity, or control of Bethany Lutheran Church.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily to its content and intent.

In the event of an emergency, if I am unable to state my wishes or the emergency contact cannot be reached, I hereby give permission for Bethany Lutheran Church to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment, while participating in Bethany Lutheran Church's activities. In the event of an accident, injury, or illness my insurance is primary.

I have read, understand, and agree with the policies and liabilities on this form:

Print Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

I give Bethany Lutheran Church permission to use photographs taken of my child/guardian at the discretion of Bethany Lutheran Church's Pastor(s) or staff. This may include (but is not limited to) Facebook, newsletter, promotions, and evangelism used by Bethany Lutheran Church.

\_\_\_\_\_  
Signature