

Lookout Mountain Community Church Permission Slip for Senior High

Please note that we cannot hold a spot for your child until receiving the deposit.

Event Name _____ Date _____

Student's name

Date of Birth

Grade

Home Phone Number

Parent Name(s)

Parent Email

1st Emergency Contact

Phone

2nd Emergency Contact

Phone

MEDICAL INFORMATION

Any Allergies

Any Medications

Any Pre-Existing Medical Conditions

Please list any physical, mental or behavioral conditions which should be taken into consideration by The Underground staff

INSURANCE/DOCTOR INFO—Needed only for multi-day events

Medical Insurance

Doctor's Name/Practice

Doctor's Phone

PARENTAL CONSENT

I understand that my registration is not complete until I turn in the payment. I consent to my child's participation in the activity specified above. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE FORM has the same force and effect regardless of whether the activities are free or if a fee is charged. I personally assume, on my child's behalf, all risk in connection with said activities from harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Lookout Mountain, its officers, directors, employees, agents, and volunteers from any and all claims, demands, or causes of action. I consent to the examination or treatments of my child by a physician or medical professional for medical care and services deemed necessary by Lookout Mountain its officers, directors, employees, agents, and volunteers. I give permission to the doctor or health-care professional to provide any and all care they deem, in their professional opinion to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I understand my obligation to inform management of Lookout Mountain of any and all health considerations or medical conditions. I authorize Lookout Mountain leaders to transport my child to and from activities in LMCC owned, private or rented vehicles.

In the event of inappropriate misconduct, I authorize Lookout Mountain to send the child home at my expense. Lookout Mountain is not responsible for any lost, stolen or damaged personal property.

Parent Signature

Date

I understand that my child may be filmed, photographed, or recorded at Underground activities for use in our publicity and/or other materials. Every care will be taken to protect individual identities.

Parent Signature

Date

