

Friend of:



Youth Participation Form

Triumphant Lutheran Church
21315 Bat Cave Rd. Garden Ridge, TX 78266
210-651-9090



2017-2018 School Year

Youth Name (Last)	(First)	(Middle)
Address	City	State Zip Code
Date of Birth	Parent/Guardian Name(s)	
Parent Primary Phone	Parent Secondary Phone	Youth Cell Phone
Emergency Contact Person	Relationship to minor	Primary Emergency Number
Medical/Health Insurance Company	Insurance Group/Policy No.	
Insurance Claims Address (Address, City, State, Zip)		
Allergies / Allergic reactions		
Medicine being taken		
Other information that a doctor should know		

As the parent or legal guardian of my child, _____
Child's Name

Initial I hereby consent for my child to attend and participate in all youth activities of Triumphant Lutheran Church, including travel to and from activities and service projects.

Initial I hereby consent for my child to receive any necessary medical treatment during all activities of Triumphant Lutheran Church.

Print Name (Parent/Guardian)	
Signature	Date