

**LIFT PARISH —REGISTRATION & MEDICAL RELEASE FORM YEAR\_\_\_\_\_**  
(One form per child, please)

Church's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Nick Name (if desired) \_\_\_\_\_

Age \_\_\_\_\_ Gender: \_\_Male \_\_Female      Grade Entering \_\_\_\_\_

Home Church (if applicable) \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Issues or Special Needs \_\_\_\_\_

It would be nice if my child is placed in same group as (child's name) \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Other Phone# \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone# \_\_\_\_\_

Alternate Pickup Name \_\_\_\_\_ Alternate Pickup 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 above named church permission to copyright and use photographs/videos taken at this event of the minor designated above in any manner of form for any purpose lawful at any time. 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.

**Permission to Attend:** I give permission for my child (named above) to attend events at the church listed above. I understand that the information I give for this registration will only be used by the hosting church.

\_\_\_\_\_  
Parent/Guardian Signature Date