

**Yearly Permission Forms
Advent Lutheran Church
[7550 N. Wickham Road, Melbourne, FL, 32940]
[Telephone: 321-259-8515]**

Please note the General Registration; Waiver and Release, and Photography Release Form are valid for an entire year (August-July). If any changes need to be made it is the parent and/or guardians responsibility to change the information.

General Registration Form

[This registration form allows your child to participate in regular programming, and gives permission for your child to go off-site with Advent staff and volunteers during regular programming (field trips, Super Saturdays, etc.). A separate form is required for events.]

Date: August 2018- July 2019

Please return form to: Stefanie Canjar

Child's Information:

Name: _____

Address: _____

City/State/Zip Code: _____

Home Phone #: _____ **Cell Phone #:** _____

Age: _____ **Birthdate:** _____ **Grade:** ____ **Male** **Female**

Allergies and pertinent medical information:

Parent/Guardian Name: _____ **Relationship:** _____

Home Phone #: _____ **Cell Phone #:** _____

Parent/Guardian Name: _____ **Relationship:** _____

Home Phone #: _____ **Cell Phone #:** _____

Wavier and Release Form

1. We/I, the undersigned parent(s) or legal guardian(s) of the Child identified in this Form, grant permission for the Child to participate in the youth programs at **ADVENT LUTHERAN CHURCH OF MELBOURNE, INC. (“Advent”)**, as well as youth sponsored events on or off-campus.
2. **ADVENT** events include the teaching of God’s Word, Music, Bible studies, Bible verse memorization, Super Saturday’s and many other fun activities. Youth are also offered the opportunity to participate in several events on and off the Church campus, including but not limited to overnight, multiple day, and overnight retreats on professional locations and in private locations or residences.
3. **RELEASE OF LIABILITY.** Every activity sponsored by Advent is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, and in consideration of my minor child or ward’s participation in youth gatherings, events or any other Church Activity, Event or a related Event including but not limited to the pick-up and delivery to and from the child’s home by private vehicles driven by private citizens (collectively, the “**Event**”), the parent or guardian agrees to assume and accept all risks and hazards inherent in such participation in all Advent related social activities. On my own behalf and/or my child or ward’s behalf, and on behalf of my minor child or ward’s heirs, executors , administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (defined below) of and from all liabilities, claims, actions, damages, costs and/or expenses of any nature arising out of or in any way connected with my minor child or ward’s participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and such liabilities, claims, actions, damages, costs or expenses including but not limited to, all attorney’s fees and disbursements up through and including any appeal. I understand that this release and indemnity includes and claims based on the negligence, improper supervision, and action or inaction of any of the released parties and covers bodily injury (including death), property damage, and loss of by theft or otherwise, whether suffered by me or my child or ward either before, during or after participation. I declare that my child or ward are physically fit and have the skill level required to participate in the Event and/or any such activities.
4. **MEDICAL RELEASE.** I further authorize medical treatment for me and/or my minor child or ward, at my cost, if the need desires. My child or ward (by guardianship) has health insurance with the company detailed below. Should a medical emergency arise white at one of these Events, I hereby give my permission to the leader to select a physician to administer anesthesia, surgery, or any other medical care, as required by him/her, if parent or guardian is not available at the time. (If a change in insurance companies or other parent information occurs, I will submit a revised release form.)

MEDICAL COVERAGE

Insurance Company: _____

Company Address: _____

City/State/Zip Code: _____

Phone #: _____

Policy # _____ Member #: _____

Child's Primary Physician: _____

Physician Phone #: _____

Guardian/Father's Name: _____

Home #: _____ Work #: _____ Cell #: _____

Guardian/Mother's Name: _____

Home #: _____ Work #: _____ Cell #: _____

Emergency Contact if parent(s) unavailable- to be used only if parents cannot be found:

Name: _____

Contact #: _____

The parents or guardians understand they are signing for the minor child listed on this form and the signature is for both medical and liability releases. This authorization shall remain effective until terminated in writing and delivered to an adult sponsor or the office manager of Advent. This Waiver and Permission Form shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Waiver and Permission Form shall be commenced exclusively in the Circuit Court of the Judicial Circuit in and for Brevard County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in such county and having subject matter jurisdiction) and I specifically waive the right to trial by jury. I certify I am 18 years of age or older, that I/we are the legal guardians or parents of the minor listed herein and have the authority to execute this release and medical authorization, and that the information set forth herein pertaining to my minor child or ward is true and complete. For the purposes hereof, the **“Released Parties”** are the corporate non-profit entity known as Advent Lutheran Church of Suntree, Inc., its officers, directors, employees, agents, representatives, successors, assigns, and volunteers including but not limited to, and without limitation, the Church Pastors, Staff, Employees, Volunteers and Members.

The document above and herein contains a release and waiver of liability. Please read carefully before signing.

Signature of Parent/Guardian:

Date:

Printed Name

Financial Responsibility

Several Youth events throughout the year require a financial commitment. By signing below, I understand if I have signed up to attend an event which requires a financial commitment and I am unable to attend, I will still be held responsible for the full price of the ticket or event.

Signature of Parent/Guardian:

Date:

Printed Name

Photo Release

Pictures and video of your child may be taken during the Event and included in publicity material for Advent Lutheran Church, the ELCA Space Coast Conference or the Florida-Bahamas Synod. This includes online and print publications.

By signing below, I (the child's parent or guardian) give my permission for Advent Lutheran Church to use pictures/videos included in these materials:

Signature of Parent/Guardian:

Date:

Parent/Guardian Name (Print):

Social Media Release

- I **AUTHORIZE** the Youth Director, youth volunteers and youth event coordinators of Advent to contact my child or ward directly via all forms of social media including but not limited to Twitter, Phone, Text Message, Email and Facebook to inform and remind them of upcoming youth events on and off campus including but not limited to Super Saturday, Confirmation and Weekly Programming.

- I **ONLY** authorize the Youth Director, youth volunteers and youth event coordinators to contact my child or ward via (please check those that apply) :
 - Phone
 - Text Message
 - Facebook
 - Email
 - Twitter

- I **DO NOT** authorize the Youth Director, youth volunteers and youth event coordinators to contact my child or ward via all forms of social media including but not limited to Twitter, Phone, Text Message, Email and Facebook to inform and remind them of upcoming youth events on and off campus including but not limited to Super Saturday, Confirmation and Weekly Programming.

By signing below, I (the child's parent or guardian) authorize I checked one of the boxes above and understand Advent Lutheran Church will abide by the box indicated unless written documentation is presented to the Youth Director.

Signature of Parent/Guardian:

Date:

Parent/Guardian Name (Print):