

**Upper Arlington Lutheran Church FORM B
REGISTRATION / Permission / Authorization Form**

This form is valid for the following **Upper Arlington Lutheran Church** event:

Event name _____

Minor's name _____ Phone _____

Email _____

Parent/Guardian (first, last name) _____

Email _____

Emergency Phone Numbers

Parent/Guardian Home _____ Work _____

Other person _____

Relationship _____ Phone _____

Authorization Release Form for Treatment

I give my permission for _____ to participate in UALC activities.

I hereby release Upper Arlington Lutheran Church, its staff and sponsors from responsibility and liability for any illness or injury that the above mentioned child may sustain during any activity, and any and all claims and liabilities. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis, anesthesia, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I expect to be contacted as soon as possible if an emergency occurs.

Signature of parent/guardian _____ Date _____

Insurance policyholder, if different than above _____ Date _____

Please notify the church office of any changes to this information.