

MEDICAL CONSENT AND LIABILITY WAIVER FORM

Lamb of God Lutheran Church

3923 103rd Ave SE

Lake Stevens, WA 98258 (425)377-2173

www.lambofgod-lakestevens.org

I give my permission for _____ to

Participant's Name

participate in the **Lamb of God's Basketball Camp**

Grade Entering: _____ **Birth Date:** _____ **M or F** **Allergies: Y or N** (If yes, list on back)
(Please Circle One) (Please Circle One)

Home Address: _____

City/State/Zip: _____

Email: _____ **Home Phone:** _____

Parents/Guardian's Names: Father _____ **Mother** _____
(Please Print) (Please Print)

If at any time my child should be injured or become ill while attending this event, and we (parents or guardians) cannot be reached, the leader / counselor or other authorized adult has our permission to secure the necessary emergency treatment at the nearest medical facility.

I understand that it is my responsibility to provide accident and medical insurance for my child and I declare that my child is covered by such insurance. I assume all responsibility and liability for injury to my child.

I release and forever discharge Lamb of God Lutheran Church, its officers and staff, employees and other representatives against any and all claims, damages and causes of action in law or in equity which I may have as a result of my child's participation in, attendance at this event.

If any conduct of my child warrants them to be excused from participation in any event, I assume all responsibility for disciplinary action and picking up my child upon being notified by a counselor.

I, the undersigned, hereby acknowledge that I have read the forgoing, understand its contents and have signed the same as my own free act and deed.

Signature of Parent / Guardian

Date

Phone Numbers:

Father's Cellphone: _____

Mother's Cellphone: _____

Additional Emergency Contact Number:

Name

Number

Relationship

ADDITIONAL INFORMATION:

Please list on the back any current health problems; directives for medical and / or emergency care, etc.)
Please also list any **general allergies**, any **allergies to medications** and/or pre-existing conditions.