

ACT LOCAL MISSION WEEKEND (July 13-16 2023)

REGISTRATION FORM (Due June 11th)

Student Name _____ Grade (2022-23 year) _____

Church Name: _____ T-Shirt size (Circle one) XS S M LG XL XXL

Student Contact phone number _____ Student email _____

Parent/Guardian Name #1 _____

Phone number _____ Email _____

Parent/Guardian Name #2 _____

Phone number _____ Email _____

Any Allergies, Medical, or Social/Emotional/Behavioral Concerns? (Circle one) Yes No

If yes, explain the concern and or need below. _____

Emergency Contact Information:

Name _____ Relationship to student _____

Phone number _____

Image Release Permission *Please initial on line*

_____ I give permission for my child's name and photo to be featured in the following possible public relations: Morrison Country Record; any of the "Sponsoring Churches" Newsletters, Websites, Bulletin Boards, and Social Media Pages.

Student Liability Release

I, the undersigned, hereby authorize "First Lutheran Church (Little Falls), First United Church (Little Falls), Randall Presbyterian Church (Randall), Bethel Lutheran Church (Little Falls), and Immanuel Lutheran Church (Hillman), including but not limited to pastors, staff, and volunteers" (hereby referred to as the "Sponsoring Churches") to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event my child should be admitted to any hospital, or need any medical treatment, during a church-sponsored event. I understand that every possible attempt to secure my personal permission at the time of an emergency shall of course first be attempted.

I also authorize the "Sponsoring Churches" to transport my child to the multiple locations around Little Falls for this event and I will not hold the "Sponsoring Churches" liable for accidents that may occur.

My child and I as the parent/guardian understand that appropriate behavior is expected for the duration of this activity. All efforts for appropriate discipline and redirection will be done by the adults involved. If necessary, an activity leader will contact a parent/guardian about issues related to the child, and may result in removal from the rest of the activity if the child is unable or unwilling to conduct themselves appropriately.

Parent/Guardian Signature: _____ Date _____

THANK YOU for entrusting your child into the care of the Act Local Mission Ministry. We will make every possible effort to assure safe and faith-nurturing experiences for your child.