

Immanuel Lutheran Church  
605 S. Walnut St.  
Seymour, IN 47274  
(812) 522-3118  
mnieman@immanuelseymour.com

**Immanuel Fellowship of Youth Ministries (FLY)  
REGISTRATION AND MEDICAL PERMISSION FORM**

I, \_\_\_\_\_ hereby grant permission  
(signature of parent/guardian)

to Immanuel Lutheran Church to take \_\_\_\_\_  
(youth)

on the following activity: \_\_\_\_\_

Date and time of activity: \_\_\_\_\_

In consideration of the attendance of my child at the above named activity by Immanuel Lutheran Church, of Seymour Indiana, and for allowing my child to participate in this activity, I do hereby release and discharge Immanuel Lutheran Church and all of its directors, agents, and youth counselors acting officially or otherwise from any and all claims, demands, actions, or causes of action on account of any injury sustained by my child during said above named activity. I hereby authorize any director, youth counselor, or agent of Immanuel Lutheran Church to obtain emergency medical treatment for my child at any time during the above named activity. I understand that any attempt will be made to notify the parents first. If the parents are not available, however, the youth will be taken to the emergency room at the nearest hospital as circumstances may warrant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(name)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(home phone)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(if a minor, parent/guardian's name-please print)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(other possible phone)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(street address)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(city, state, zip)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(social security number)**

**Medical Information**

**Physician's Name:** \_\_\_\_\_ **Physician's Phone:** ( ) \_\_\_\_\_

**Name & Address of Insurance company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Please list any special medical/health information (including medication):** \_\_\_\_\_

