



**Paynesville
Lutheran
Church**

iQuest/Sowers/Crosswalk Registration 2018-2019

Student's Name: _____ Grade: _____

Birth Date ____/____/____ Age: _____ Sex: M F School District: _____

Student Cell Phone _____ Student Email _____

My student will **Walk - Take the Bus - Take a Private Vehicle (circle one)** to Paynesville Lutheran Church from their Paynesville Area School on Wednesdays.

PLC Member? Yes No Baptized? Yes No Receiving Communion? Yes No

Parent/Guardian: _____ Home Phone: _____
Address _____ Cell Phone: _____
_____ Email: _____

Remind 101 Contact Name: _____

I give the following people permission to pick up my child from iQuest/Confirmation:

Name	Phone
_____	_____
_____	_____
_____	_____

Parents will need to check their child out with their teacher before they will be able to leave.

iQuest/Sowers/Crosswalk Consent / Medical Release Form

I am the parent/legal guardian of the above named student, and hereby grant my permission for him/her to participate fully in Paynesville Lutheran Church iQuest/Crosswalk-related trips and activities. In the event of an emergency, and I cannot be reached, I give permission for the supervising Paynesville Lutheran Church staff or adult leader to sign forms that would ensure the NECESSARY and IMMEDIATE treatment of the student. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I furthermore absolve those acting on my behalf in this regard from liability as long as there is not gross negligence. (Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date the statement.)

EMERGENCY: *The following may be called in an emergency when parent(s) or guardian cannot be reached.*

NAME: _____ Home Phone: _____

Relationship to Student: _____ Cell Phone: _____

NAME: _____ Home Phone: _____

Relationship to Student: _____ Cell Phone: _____

FAMILY PHYSICIAN: _____ Phone: _____

INSURANCE COMPANY: _____

GUARANTOR NAME: _____ Policy #: _____

Allergies, physical limitations, pre-existing conditions, current medications, or other pertinent information:

Further, I understand that the student participant cannot use alcohol, tobacco, drugs, firearms, or fireworks at any Paynesville Lutheran Church sponsored activity, regardless of location. If those rules are broken, I hereby assume transportation costs incurred for immediately returning the student home.

The students who are registered for iQuest/Crosswalk will have their picture taken or videotaped over the course of the year. The pictures may be placed on the Paynesville Lutheran Church web site and/or on the Facebook page. By signing this registration form, you are allowing your child to be photographed and or videotaped.

Signature of Parent/Guardian _____ Date _____