

**REGISTRATION INFORMATION for Jr. High Lock-in**

**Participant's Name** \_\_\_\_\_ Parent/ guardian name \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone:for emergency use only (home) \_\_\_\_\_ work) \_\_\_\_\_

(cell) \_\_\_\_\_ Email Address \_\_\_\_\_

Home church \_\_\_\_\_ School you attend \_\_\_\_\_ Grade \_\_\_\_\_

**Alternate contact**

Name or nearest relative or emergency contact in case parent can not be reached:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL BACKGROUND**

**The following information is to alert us as to any pre-existing conditions we need to be aware of. Please know that this information is and will remain COMPLETELY CONFIDENTIAL!**

**Health report**

1. Does your child suffer from any of the following conditions? (check all that apply)

\_\_\_\_\_ asthma (please have individual bring emergency inhaler along)

\_\_\_\_\_ diabetes

\_\_\_\_\_ heart condition (please explain) \_\_\_\_\_

\_\_\_\_\_ allergic reaction (please list) \_\_\_\_\_

2. Please list any injuries, surgeries or other medical conditions or concerns your child has had in the past \_\_\_\_\_

3. Other medical conditions of concern (please explain) \_\_\_\_\_

4. Is your child currently taking any medication? (please list) \_\_\_\_\_

**INDEMNIFICATION BY PARENT OR GUARDIAN OF APPLICANT**

The undersigned parents of guardian of \_\_\_\_\_ the Applicant for and in further consideration of the Lutheran High School Jr. High Lock-in accepting said applicant, does hereby release and discharge the Board of Trustees of the Lutheran High School of San Antonio and its representatives, employees, and agents from any and all debts, claims, demands, actions, damages, causes of action, judgment, or suits of any kind which may arise or be occasioned a result of the applicant's participation in the Lutheran High School Jr. High Lock-in and hereby agree to have and indemnity and keep harmless the Board of Trustees of the Lutheran High School of San Antonio, its representatives, employees, and agents against any and all liability, claims judgments, or demands for damages arising as a result of any course instruction given the applicant by the Lutheran High School Jr. High Lock-in.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**MEDICAL TREATMENT AUTHORIZATION**

I/We being the parents and or legal guardian of the applicant authorize Lutheran High School and its agents, permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavor.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Are you or your dependent entitled to benefits under any Employer, Union, Group Plan, Group Blue Cross Blue Shield, Medicate, Medicaid or any other Government Program? \_\_\_Yes \_\_\_No

Person carrying other insurance coverage \_\_\_\_\_

Employer or sponsoring organization \_\_\_\_\_ Insurance Company \_\_\_\_\_

Plan or Policy No. \_\_\_\_\_