

LITTLE SISTERS OF LASUM (LSL) REGISTRATION FORM

PARENT/GUARDIAN (MOTHER) INFORMATION

Name (Mother if applicable):

Phone:	Work:	Cell:
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Current address:

City:	State:	ZIP Code:
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E-mail:	Employer (Optional):
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PARENT/GUARDIAN (FATHER) INFORMATION

Name (Father if applicable):

Phone:	Work:	Cell:
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Current address:

City:	State:	ZIP Code:
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Email:	Employer (Optional):
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EMERGENCY CONTACT

Name of a person to contact in case of emergency:

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

LITTLE SISTERS OF LASUM (LSL) INFORMATION

Name:	D.O.B.:
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Shirt size (children sizes): __XS __S __M __L __XL	Shirt size (Adult sizes): __XS __S __M __L __XL __XXL
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SIGNATURES

Required for Each Minor: I (the parent/guardian) certify that any and all health/medical information necessary for my child will be disclosed to the Director of **LASUM/LSL** in advance. I further certify that all general and health/medical information provided is true and accurate to the best of my knowledge. While **LASUM** will do everything possible to ensure your child's safety we want to make sure all basis are covered in case of an emergency. I understand that there can be potential accidents inherent in some programs and outdoor activities hosted by **LASUM/LSL**. Participation in ALL activities is on a voluntary basis only. I give my child permission to participate in **LASUM/LSL** hosted programs and activities. I also understand that some activities will be held at locations that will require **LASUM** to transport my child to another location, in which I will be notified in advance. I am aware that "**LASUM**" does not carry insurance. I give my permission to **LASUM** to provide routine health care, administer prescribed medications, and seek emergency medical treatment if necessary. I understand that every effort will be made to contact me prior to any treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by **LASUM** to secure and administer treatment, including hospitalization, for my child. I hereby agree to make sure I immediately answer my phone when someone from **LASUM** contacts me (from one of the listed numbers that I shall receive in my membership packet) while my child is in their care. I will be on time to pick my child up from all **LASUM/LSL** events where applicable or make the necessary arrangements for my child to be picked up if I am unable to. I will stay in constant contact with someone from **LASUM** if I foresee an issue with picking my child up on time. I understand that if I do not show up on time, call to notify **LASUM** that I am running late and/or do not answer my phone when contacted that the authorities will be contacted after 1 hour of not being able to reach me. During **LASUM** events pictures will be taken to memorialize the events. I also consent to having my child's photograph and/or video used in future promotional literature.

HIPAA regulations require us to have your permission before disclosing any health information you give us. If we feel any of the physical/behavioral conditions you indicated on this form, a separate letter or verbally would be beneficial to those treating your child in an emergency to know, may we disclose that information to them? ___YES ___NO

By signing below, I confirm that I have read and understand the Parent/Guardian authorization above. I also consent to having my child's photograph and/or video used in future LASUM/LSL promotional literature.

Parent/Guardian Signature (Mother) (if applicable):	Date:
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Parent/Guardian Signature (Father) (if applicable):	Date:
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