

Will your child be participating in  
**Extra LYNC?** \_\_\_\_\_  
 If yes, please complete additional  
 forms

# LYNC

Letting Your Neighbor Care  
 Registration Information  
 Family Form

Date Rec'd: \_\_\_\_\_  
 Payment Rec'd: \_\_\_\_\_  
 Check Number: \_\_\_\_\_

Please list all children ( first and last names ) from this household who will be participating in LYNC this summer:

\_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Mother's Address: \_\_\_\_\_ Father's Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_  
 Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of an emergency, whom should we contact first? \_\_\_\_\_  
 Phone: \_\_\_\_\_

Please list at least one additional emergency contact person ( other than yourself ) and phone numbers:

\_\_\_\_\_

\_\_\_\_\_

For safety purposes, please list anyone whow will be permitted to pick up your child from LYNC and the vehicle that they normally drive ( include yourself if you will be providing transportation .)

Name	Relationship	Vehicle
_____	_____	_____
_____	_____	_____
_____	_____	_____

If it is necessary for someone other than those listed to pick up your child, you MUST provide a written note giving that person permission to pick up your child.

## Liability / Medical Release

In consideration of being accepted by Jefferson Brethren Church for participation in LYNC, I / we being the parents / legal guardian of: \_\_\_\_\_, do release and agree to hold harmless Jefferson Brethren Church and the directors thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/legal guardian and child-participant while the child is participating in the above described trip or activity.

I/We, on behalf of our child-participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved. Authorization and permission are given to said church to furnish any necessary transportation, food, and lodging for our child-participant.

I/We, as parents/legal guardians of the child-participant give our permission for him/her to participate fully in the trip/ activity. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the director and /or other staff may choose a reputable physician.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

I give permission for my child's picture ( but no identifying information ) to be use in publicity for LYNC, which may include, but is not limited to, publication on the church website.

I further give permission for release of information regarding my child between Jefferson Brethren Church LYNC staff and my child's school \_\_\_\_\_ (name of school).

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Signature of Parent/Legal Guardian      Date