



**PROGRAM YEAR:**

**Today's Date:**

**CONTACT INFORMATION**

First and Last Name

Preferred Name/Nickname

Birth Date

Primary Phone

Secondary Phone

Email

Address

City

Zip

Gender (optional)    Male            Female            Non-binary            Other:

Preferred Pronouns (optional)

**EMERGENCY INFORMATION**

**Emergency Contact #1**

**Emergency Contact #2**

Name

Phone

Email

**Physician**

**Insurance Carrier**

Name

Company

Phone

Policy/Group#

*continue to next page*

Please list any allergies or medical conditions:

Use this optional space below to describe any pertinent medical or safety information that we need to know. This might be details about allergies or medical conditions (listed above) or prescription or treatment information.

## **PERMISSIONS AND RELEASES**

**MEDICAL RELEASE:** *This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Saint Andrew's Lutheran Church (hereafter named "the Church") and its staff of any liability against personal losses of named individual. See below for full medical release.*

Agree

Disagree

*I understand that I am attending and/or participating in events being organized by the Church. I understand that there are inherent risks involved in any ministry or athletic event, and I release the Church, its pastor, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the attention of a doctor and all efforts to contact my emergency contact(s) are unsuccessful (in a life threatening emergency, designated contacts are secondary -- 911 is the primary call), I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health information and health insurance information provided is accurate at this time and will, to the best of my knowledge, still be in force for the program year specified.*

**PARTICIPATION RELEASE:** *I agree that I plan to participate in Saint Andrew's activities which take place on the premises of Saint Andrew's Lutheran Church, and activities which are away from Saint Andrew's premises but sponsored by Saint Andrew's Lutheran Church.*

*I understand that submitting this form is the equivalent of signing a paper registration form.*

Agree

Disagree

**PHOTO RELEASE:** *I give permission for individual or group photographs, video footage, and sound recordings of myself to be used, free of compensation, by Saint Andrew's Lutheran Church, the Northwest Washington Synod, and the Evangelical Lutheran Church in America for historical and/or promotional purposes and in publications (print and online) including, but not limited to, the VOICE newsletter, emails, Saint Andrew's website, Saint Andrew's blog pages, church bulletin boards, other Saint Andrew's and/or Lutheran publications, and on social networking sites (such as Facebook, Instagram, etc.)*

Photo Permission Given

Photo Permission Denied

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***continue to next page to authorize background check (optional)***

***When complete, SAVE form to your computer and email it to [info@SALC.church](mailto:info@SALC.church) or print and return it to the church office***

## **AUTHORIZATION FOR BACKGROUND CHECK**

For the safety of our youth and vulnerable adults, Saint Andrew's Lutheran Church requires background checks be performed on volunteers and paid staff who may have unsupervised access to children under eighteen years of age and/or vulnerable adults (as defined in the Saint Andrew's *Policy for the Safety and Protection of Minors and Vulnerable Adults.*) Please do not take offense to a request for a background check. It does not stem from distrust, but rather, it is a precaution that we take because we love and care about our children.

No inquiries will be made without the consent of the applicant. All forms and information having to do with background checks will be kept confidential. Any information received from the background check will be discussed only with the applicant, the Pastor, and necessary staff members.

**As a volunteer or staff member who may have unsupervised access to children under eighteen years of age or vulnerable adults, you are required, according to the Child/Adult Abuse Record Search Guidelines, to disclose if you have been:**

- (a) convicted of any crime against children or other persons;
- (b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- (c) convicted of crimes related to drugs as defined in RCW 43.43.830;
- (d) found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- (e) found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- (f) found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult; or
- (g) found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

**If any of the above convictions or findings apply to you, please disclose them here.**

*I certify under penalty of perjury that the above disclosures are true and correct. I authorize that Saint Andrew's Lutheran Church can perform a background check on me through the Washington Access to Criminal History (WATCH) program. WATCH was initiated in response to the large increase in requests for criminal history information. It is used for businesses hiring people to work with youth, developmentally disabled persons, or vulnerable adults, as well as non-profit organizations who use volunteers in those areas. I understand that this check will only search for information regarding the crimes listed above. I understand that if I am found to have been convicted or prosecuted for any of these crimes, it may mean I will not be allowed to volunteer in any area at Saint Andrew's Lutheran Church where I have unsupervised access to children under 18, developmentally disabled persons, or vulnerable adults.*

*I understand that marking the box for this paragraph is the equivalent of signing a paper authorization form.*

**Today's Date:**

First Name

Middle Name or Initial

Last Name

Date of Birth (month/date/year)