



GOOD SHEPHERD LUTHERAN SCHOOL BEE CLUB

*Feel free to contact club advisor Tony Bilgrien
with any questions or concerns*

tonybilgrien@gmail.com OR 920-988-4789

Please return this completed form to your child's teacher as soon as possible

PARENT'S PERMISSION FORM / YOUTH REGISTRATION FORM

I grant permission for my son/daughter, _____ to participate in the Good Shepherd Lutheran School Bee Club.

I understand that I have a duty to provide accident and medical insurance for my child, and I declare that my child is covered by accident and medical insurance.

(Pardon the legal language!) I release and forever discharge Good Shepherd Lutheran Church, Watertown, WI, its agents and servants, successors and assigns, directors, trustees, officers, employees and other representatives from any and all damages and causes of action either at law or in equity that I may have as a result of my child's participation in, attendance at, and travel to and from the Bee Yard.

In the event of an accident or illness involving my child, the club advisors may attempt to contact me/us at the following number(s):

Primary name and phone number: _____

Secondary name and phone number: _____

Should those attempts fail, and my child require immediate treatment, I grant permission to the adult advisors to secure such treatment.

Please fill out all information requested below.

PARENT'S SIGNATURE: _____

DATE: _____

INSURANCE COMPANY: _____

POLICY #: _____