

Christ Lutheran Church (CLC)
5th-12th Grade Youth Ministry Registration... Sept 2019 –Sept 2020

Child's Full Name _____ Age _____ Grade _____

Date of Birth _____ Date of Baptism _____ E-mail _____

Father's Name _____ Mother's Name _____

Guardian (If not biological parent) _____

Child's Mailing Address _____

Home # _____ Parent's E-mail _____

Parent's Cell #(s) _____ Work #(s) _____

Other info CLC should know about your child? _____

Check here if your child should be picked up after school on *Wednesdays* at ... WMS: _____

MEDICAL

Insurance Carrier _____ Policy# _____

Allergies (including bee stings, drug reactions, food, etc.) _____

Current Medications (including dosage) _____

Any restrictions or concerns? _____

Emergency Contact (other than parent or guardian) _____ Relationship to child _____

Home # _____ Cell # _____ Work # _____

I, _____ parent/legal guardian of _____ understand that in the event of an emergency, or if any medical, surgical, hospital care, treatment and procedures become necessary for my child while they are participating in youth ministry with CLC , every attempt will be made to contact me. If I am unavailable, I grant those in charge of the event my permission to authorize medical attention as recommended by a licensed physician. I waive my right of informed consent to such treatment. We agree to pay all medical costs involved in any such emergency treatment. We release and discharge the Church and/or its representatives involved in this event from any liability whatsoever in exercising this permission. This authorization is for ALL CLC youth ministry activities for the year 9/1/2019 – 9/1/2020.

Parent/Guardian Signature _____ **Date** _____

MEDIA CONSENT

I consent to the use of any photograph or videotape of my child taken during the year for use in future presentations at CLC or posted on the CLC website (names of children will never be mentioned on web).

Parent/Guardian Signature _____ **Date** _____

*** Please keep in mind that the reason we ask for all of this information is to keep your child safe while they are under the supervision of CLC and to be able to mail you necessary information about our ministry. Should there be any changes in your child's medical information that would affect his/her participation in youth activities, please let the office know! Thanks!

(OVER)

Christ Lutheran Church

Student Transportation Liability Release Form

Christ Lutheran Church encourages church youth groups to participate in church sponsored activities. As a part of these activities, there are times when staff or others may transport youth group members. It is the policy of the Christ Lutheran Church to require parental permission before allowing a student to travel in these situations. Travel may be by a church owned vehicle or a non-church owned vehicle. If you would like your child to participate, please carefully read and sign this document.

I hereby give permission for my child, _____, to travel with a staff member or others as mentioned above. As a parent or guardian, I understand that the church, staff and others involved in the transportation will make reasonable efforts to prevent accidents. However, I fully understand that some activities involve inherent risks to students regardless of reasonable safety measures that may be taken by the church. In consideration of the church's agreement to allow my child to travel as mentioned above, I agree to accept responsibility for any loss, damage, or injury to my child that occurs that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of the Christ Lutheran Church.

In the event it becomes necessary for the church staff in charge to obtain emergency care for my child, neither he\she nor the church assumes financial liability for expenses incurred because of an accident, injury, illness and\or unforeseen circumstances.

Parent or Guardian: _____
(Please Print)

Signature _____

Address: _____

Phone Number: _____

Does your child have a medical condition that the church should be aware of before allowing your child to travel? Yes
No _____. If yes, please state the nature of the medical condition. _____.

Date _____