

2018/2019 Youth Ministry Registration, Permission Form & Liability Waiver



- Prior to participation both sides of this form are required to be filled out completely
- Please read carefully and print clearly
- One form per person

Youth's Name (first, **middle**, last): _____
 Grade (18/19): _____ Gender: _____ School Attending: _____
 Youth's cell: _____ Youth's Email: _____
 Birth date: _____ Baptized? _____ Taken First Communion? _____

Family Information:

Do you have a Bible to bring to class? _____

Parent/Guardian _____

Parent/Guardian _____

Street Address _____

Street Address _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Home Phone (____) _____

Home Phone (____) _____

Work Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

Email _____

Email _____

May we text you? (cell carrier) _____

May we text you? (cell carrier) _____

Emergency Contact OTHER THAN PARENT, to be used if parents cannot be reached (List two with phone numbers):

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Medical Information: (All information is required and will be kept confidential)

Special Medical Concerns, Medications being taken, Allergies (especially to food or medications), Any other medical information your child's adult leader should know:

Family Doctor: _____

Phone: _____

Preferred Hospital: _____

Insurance Company: _____

Policy/ID #: _____

Does your child have an IEP or a 504 Plan? If so please, indicate anything on it that would be important for your child's adult leader to know:

Confirmation Parent Involvement: I am interested in serving in these places during the 2018-2019 Confirmation year (Please consider choosing one because as a parent you play a huge role in your child's faith life):

_____ Confirmation Small Group Sub* _____ Retreat Chaperone* _____ Wednesday snack Set Up/Serve

_____ Confirmation Event Driver* _____ Special Events Support _____ Wednesday snack Clean Up

_____ Other: _____

*Volunteers in these areas will need to have a background check completed and attend a Safe Church Training. Please, talk to Sister Becky with any questions about this.

Consent & Authorizations

Student Covenant—

All Youth: I agree to abide by to the commitments and expectations outlined in the Confirmation Handbook. I will consistently attend and contribute to my Confirmation Small Group and Large Group gatherings, and stay up-to-date with other commitments (including retreats, service projects, and small group nights). I accept full responsibility for my choices and behavior and will accept the consequences for inappropriate behavior as decided by the Confirmation Leaders.

Student signature

Date

Parent/Guardian Agreement

I, _____, grant permission for my child, _____

Parent or Guardian's name (Print) Child's name

to participate in the below named event(s). In consideration of my child's participation, I agree to hold harmless Halfway Creek Lutheran Church, staff, and volunteers from any claims or lawsuits brought against Halfway Creek Lutheran Church, staff, and volunteers by myself, my child, or others.

Event:	Confirmation, Youth Events & Retreats
Date of Event:	September 1, 2018—August 31, 2019
Individual(s) in Charge:	Staff: Sr. Becky Swanson, Cassie Tolvstad, confirmation small group leaders and chaperones (With up-to-date Background Checks)
Mode of transportation to and from event:	Bus, van, and adult drivers designated by HCLC

I/we understand God intends the family to be the primary means of teaching and modeling what it means to know, love, and follow Jesus Christ. I/we agree to hold my/our child accountable to the commitments and expectations listed in the Confirmation Handbook and to the above Covenant they have signed.

I /we give permission for Halfway Creek Lutheran Church to use, publish, or disclose in newsletter, brochures, posters, website, or other media-related vehicles, any photographs, videos, audios, or other material in which my child may have appeared, spoken, or written, or otherwise been represented. No names shall be attached to any media used without prior permission.

I/We, as the parent(s) and/or legal guardian(s) of the above-named minor, hereby authorize a representative of Halfway Creek Lutheran Church to act on my/our behalf in obtaining and authorizing unexpected emergency medical, dental, surgical and/or hospital care for the minor in my absence from September 1, 2018 through August 31, 2019.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

This form will be valid for ALL Confirmation and High School youth group events and retreats. All participating youth and friends will need to have a completed form on file with the office at Halfway Creek Lutheran Church.