

2026-2027 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 youth

Youth's Name (first, **middle**, last): _____
Grade (2026-27): _____ Gender: _____ School Attending: _____
Youth's cell: _____ Youth's Email: _____
Birth date: _____ Baptized? _____ Taken First Communion? _____

Family Information:

Parent/Guardian _____
Street Address _____

City _____ St _____ Zip _____
Home Phone (____) _____
Work Phone (____) _____
Cell Phone (____) _____
Email _____

Parent/Guardian _____
Street Address _____

City _____ St _____ Zip _____
Home Phone (____) _____
Work Phone (____) _____
Cell Phone (____) _____
Email _____

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 2025-26 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*
____ Confirmation Event Driver* _____ Special Events Support
____ Other: _____

*Volunteers in these areas will need to have a background check completed.

Consent & Authorizations***Student Covenant—***

All Youth: I agree to abide by to the commitments and expectations outlined in the Confirmation Handbook and/or in class. 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:	Youth Events, Field Trips, Service Projects & Retreats
Date of Event:	August 21, 2026 — May 2, 2027
Individual(s) in Charge:	Staff: 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/or during class 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 August 21, 2026 through May 2, 2027.

 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.