

Youth Ministry Information And Release Form

Student Name: _____ Birth date _____ Age: _____

Parent Name(s): _____ Home Phone: _____

Cell Phone: _____

In case of shared custody situations, with whom does the child reside?

_____ City/Zip: _____

Student Email Address:

Parent Email Address:

Please Register me for the following programs at Christ Lutheran:

_____ Cornerstone (grades 9-12) _____ Foundations 1 (grade 6)

_____ High School Music Team (grades 9-12) _____ Foundations 2 (grade 7)

_____ Middle School Music Team _____ Foundations 3 (grade 8)

School: _____ Grade: _____

Sports Played:

Do you participate in: Band _____ Orchestra _____ Choir _____

Instruments you play:

Other School Activities (clubs, arts, etc.)

I would like to know more about serving in the following ways at Christ Lutheran:

_____ Worship Reader _____ Nursery Volunteer _____ Church Property Projects

_____ Communion Assistant _____ Social Ministry and Service Projects

_____ Acolyte _____ Sunday School Teaching _____ Other (please list)

_____ Altar Guild _____ Sound & Light Technician

_____ Puppet Ministry _____ Drama Team

Photo Release Form (to be completed by parents)

I give Permission for my child's photo to be taken at any functions of Christ Lutheran and be used in church publications, bulletin boards and the church web-sites.

Parent signature_____

Medical Release Form (to be completed by parents)

In order to provide for our students in case of an emergency, parents are asked to complete this medical release form.

(parent) _____ give permission for my child _____
To participate in the youth ministry activities at Christ Lutheran Church.

In the unlikely event of an emergency, I give permission for a trained volunteer or staff person of the congregation to provide first aid care or to seek medical/dental treatment for my child if needed. I understand that every effort will be made to contact me first in such an emergency.

Parent Signature: _____ Date: _____

Insurance Carrier:

Policy/Group Numbers:

Physician Name and Phone:

Please list any allergies and /or special needs you child has. Be sure to include all food and medication allergies:

In the event we cannot reach you, who may we contact in case of emergency?

Name: _____ Relationship: _____
Phone: _____

Name: _____ Relationship: _____
Phone: _____

Name: _____ Relationship: _____
Phone: _____