

**University Lutheran Church (ULC) Youth Registration and Permission Form**

Please fill in the appropriate information, have both student and parent sign and turn in to the youth leader. This form will be filled out once a year to have accurate, up to date information on the students. The information provided will only be shared with necessary youth staff/adult leaders.

SEX: (circle one) M F      CHILDS NAME: \_\_\_\_\_

GOES BY: \_\_\_\_\_      DOB: \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_

CHILD LIVES WITH: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_      CELL PHONE: \_\_\_\_\_      OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_      CELL PHONE: \_\_\_\_\_      OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Does your child have any special needs? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**PICTURE RELEASE for ULC YOUTH MINISTRY**

I hereby do/do not give my consent to let my child be photographed for the use on bulletin boards, church website, church newsletter, etc.

Parent signature \_\_\_\_\_      Date \_\_\_\_\_

In case of an emergency and parents cannot be reached, please list an emergency contact

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

I hereby authorize ULC Youth Ministry to secure emergency medical treatment for my child under the following conditions: An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of the child, and reasonable attempts to contact me have failed.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Does your child have any allergies? If yes please describe.** \_\_\_\_\_

\_\_\_\_\_

I understand the transportation for ULC's Youth Ministries is provided by private vehicle unless otherwise noted in the events general information. I understand that supervision is provided by staff members/volunteers from ULC who will exert every responsible precaution to ensure the safety of the participants. I understand that all activities involving youth possess a potential for danger and therefore, I release from responsibility and liability to University Lutheran Church and any person working as a staff member or volunteer in the event of an injury to my child including, but not limited to, transportation. Should the need or emergency to arise I grant ULC Youth Ministry's adult supervisor permission to secure and medical aid or treatment, such as a doctor or hospital care. I leave this decision up to the judgment of the adult supervisor.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Insurance Provider:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

I the participating student, agree to cooperate with the Youth staff/Adult volunteers and to comply with the University Lutheran Church Youth Ministry rules. I agree to conduct myself in a manner conducive to learning, worship, and biblical ethics. I understand that inappropriate dress, appearance, or behavior which disrupts the purpose of ULC's Youth Ministry is not permitted. Furthermore, I understand that should I be unwilling to cooperate with the Youth staff/Adult volunteers or comply with ULC Youth Ministry rules, I will be sent home at my parents' expense.

**Student signature:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_