

St. Paul Lutheran Church Senior High Registration 2016-2017
Most Wednesdays at 8:00

(this side to be completed by student)

Your Name _____ Birthdate _____

Your Phone Number _____ Your Email Address _____

What School do you go to? _____ Grade? _____

What is your favorite and least favorite Subject in School? _____

What are your Hobbies, Sports, Interests ? _____

Do you play an instrument? _____ What do you play? _____

Would you be interested in singing during church programs during the year?

(During Worship/Advent Joy/ Special Occasions? _____

List three things you'd like to learn about God/Religion/The Bible this year:

1) _____

2) _____

3) _____

What do you hope this group will look like this year- What do you want to see happen? What kind of events or gatherings would you like to be a part of?

LockIns/Overnights/Breakfasts? List three things that you'd LOVE:

1) _____

2) _____

3) _____

(this side to be completed by parent)

PARENTAL PERMISSION and Information

(for your Parents to fill out)

My son/daughter _____ has my permission to attend Senior High Group and Youth Activities from September 1, 2016 to September 15, 2017.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICAL INFORMATION AND RELEASE

Parent's (Guardian's) Names _____

Work Email(s) _____

Home Email(s) _____

Cell Phone _____

Please leave an email that we can use for weekly Senior High Information.

Emergency Person and Phone Number _____

Doctor's Name and Hospital _____

Health Insurance Company and Insurance No. _____

Please list any medical allergies, medication, medical problems or any other pertinent information: _____

I/We, as legal guardian(s), assume all risks and hazards to our child(ren) incidental to participation in these events. We release, absolve, indemnify, and agree to hold harmless the Evangelical Lutheran Church of America or St. Paul Lutheran Church of Wyoming, Minnesota, its agents, employees and officers, and the chaperones, organizers and sponsors, as well as persons transporting our child(ren) to and/or from these activities. Neither the Evangelical Lutheran Church of America or St. Paul Lutheran, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of these activities.

I/We understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the church staff or youth leaders to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

I/We also understand there is no medical insurance provided by St. Paul Lutheran or the Evangelical Lutheran Church in America. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TRANSPORTATION

My child has permission to ride with an adult driver, (18 and older) to youth and senior high events.

PARENT/GUARDIAN SIGNATURE _____ DATE _____