

Grace Youth Ministry Registration 2019-2020

Student's name _____ DOB _____ Grade _____

Home address _____ City _____ Zip _____

Student's phone # _____ Email _____

Facebook/Twitter/Reddit/Instagram _____

School _____ Sports/Drama/Band _____

Allergies/Medications _____

Dietary restrictions _____

Baptized Yes _____ When? _____ No _____ Interested? Yes _____ No _____

Parent's full name(s) _____ Primary contact _____

Contact phone # _____ Parent's email _____

Please include me in the parent email? Yes _____ No _____

I am interested in supporting Grace Youth Ministry in the following areas:

Adult advisor _____ Bus driver _____ Trip chaperone _____ Coffee Cart Helper _____

Registration / Permission Form

On _____ (Date) _____ (Name) _____ Grade _____

Has my permission to take part in all Grace Lutheran Church youth programming activities including giving the right to use their image online or in Grace promotionals. I assure the adults in charge that he/she is in good health and may participate in the program. Please indicate any restrictions _____

Prescription medication your child is taking: _____

Allergies or special conditions: _____

I give my permission for the adult(s) in charge to seek emergency first aid/medical treatment if necessary.

Parent/Guardian Signature _____ (Date) _____

Address _____

(Street) _____ (City) _____ (State) _____ (Zip) _____
Phone () _____ (Home) () _____ (Cell) () _____

Campership support: I request Full Half Partial Amount _____

*Please note we will always provide support so students can attend but ask that families pay whatever they are able.

Youth Ministry, Grace Lutheran Church
22975 24th Avenue South, Des Moines, WA 98198
206.878.2460 gotgrace.com

Health Insurance Company:
Policy # _____
Insurance # _____

Please also complete other side of page

Liability and Release Forms

Injury/Medical Release:

I give my permission for Grace Lutheran Church and its agent's to provide or acquire medical attention for my child in their best judgment while my child is participating in Grace Lutheran Church activities. I assume all financial responsibility for any costs incurred either by illness/injury/medical action as a result of Grace Lutheran Church events. I furthermore release Grace Lutheran Church from any future litigation as a result of any illness/injury/medical action that should occur at a Grace Lutheran Church event.

Name _____ Date _____

Signature _____

Bus/Vehicle/Offsite Permission:

I understand that throughout the course of the year there are events at Grace Lutheran Church that may require my child to be taken offsite either on foot or in a vehicle. I give Grace Lutheran Church and its agent's permission to do so as they deem necessary for the programs of Grace Lutheran Church. I furthermore release Grace Lutheran Church from any future litigation as a result of any offsite or vehicle related incidents that should happen at a Grace Lutheran Church event.

Name _____ Date _____

Signature _____

Photo/Video/Internet Release:

I give permission for Grace Lutheran Church and its agent's full permission to use my child's image or representation including but not limited to: Grace Lutheran Church website, Facebook and other social media pages, printed material and brochures, slideshows and promotional videos. I understand that by participating in Grace Lutheran Church activities my child's image or representation may be posted in places where it can be viewed by others and that who/whom may see these images is outside of the control of Grace Lutheran Church and its agents. I furthermore release Grace Lutheran Church from any future litigation as a result of any use of my child's image or representation that should happen at a Grace Lutheran Church event.

Name _____ Date _____

Signature _____