

**2019-2020**

Children & Youth Ministry Registration Form

Family's Last Name _____ Preferred Contact # _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 _____ Relationship: _____

Address _____

Cell Phone _____ Work Phone _____

Email _____

Parent/Guardian #2 _____ Relationship: _____

Address* _____

**Complete if different from above.*

Cell Phone _____ Work Phone _____

Email _____

Student lives with: ☐ Both ☐ Mother ☐ Father ☐ Other (Please describe): _____

Status of Parents: ☐ Married ☐ Separated ☐ Divorced ☐ Other (Please describe): _____

EMERGENCY CONTACT INFORMATION

Please list an individual not listed above. Our first attempt at contact will be the parents listed above.

Name _____

Home/Cell Phone _____ Relation _____

PERMISSION FOR CHILD(REN) TO PARTICIPATE

Please check boxes to indicate your agreement with the following:

- ☐ I give permission for my child(ren) to participate in the Trinity Lutheran Children & Youth activities/trips for 2019-2020.
- ☐ If my child(ren) becomes ill or injured while participating in an event, I give my permission for the Trinity Lutheran Church staff/volunteers to secure proper treatment for my child.
- ☐ I give Trinity Lutheran Church permission to use photographs, video, and electronic images of my child(ren) and/or family in church promotions.
(Brochures, Facebook, Twitter, Web-Site, etc. Names are not shared with out prior approval from parents.)
- ☐ Text messages are sent on a regular basis to students about youth events & opportunities. I give Trinity Lutheran Church staff permission to send texts to my child(ren).
- ☐ Text messages are sent on a regular basis to communicate with parents/guardians regarding children & youth programming. I give Trinity Lutheran Church staff permission to send texts via a messaging program.

Signed _____ Date _____

(Parent or Guardian)

Participant Information

AGE: Must be age 3 by September 1, 2019 to participate in Sunday School.

SUNDAY SCHOOL DONATION: There is a suggested donation of \$5-10 for PreK-5th Sunday School to help with the cost of supplies.

CONFIRMATION FEE: There is a \$20 Confirmation Fee due each year a student is in the Confirmation program.

STUDENT INFORMATION

Student's Full Name			Name Preferred			
Birthdate:	Gender:	Age by September 1, 2019 or Grade 2019-2020 School Year:				
___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female	PreK Age: 3 4 5				
Student Cell Phone			Grade:	Kindergarten	1 2 3 4 5 6 7	
				8 9 10 11 12		
Circle all that apply:						
SUNDAYS:	Sunday School (Age 3-5th Grade) Middle School AM (6-8th Grade) Senior High Nights					
WEDNESDAYS:	God Squad* (K-4th Grade) ReCharge* (5-8th Grade) Confirmation (7-9th Grade)					
*Please check for God Squad & ReCharge after school programs:						
<input type="checkbox"/> Does not need transportation <input type="checkbox"/> Needs transportation School: _____						
SPECIAL NEEDS	(Allergies/Health Concerns/Learning Disabilities/Family Situations, etc)					

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Birthdate:	Gender:	Age by September 1, 2019 or Grade 2019-2020 School Year:				
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Children, Youth & Family Ministry
1401 Madison Avenue
Detroit Lakes, MN 56501
218-847-7211



Liability & Medical Release Form

Release of All Claims

August 2019 - August 2020

Do not repay anyone evil for evil. Be careful to do what is right in the eyes of everybody. If it is possible, as far as it depends on you, live at peace with everyone. Romans 12:17-18

In consideration for being accepted by **Trinity Lutheran Church, 1401 Madison Avenue, Detroit Lakes, MN** for participation in **Trinity Lutheran Church sponsored activities** for the time of **August 2019 thru August 2020**, we (I), being 18 years of age or older do for ourselves (myself) (and for and on behalf of my child-participant(s) if said child (children) is (are) not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless **Trinity Lutheran Church** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activities.

Furthermore, we (I) (and for and on behalf of my child-participant(s) if said child (children) is (are) not 18 years of age or older) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

Furthermore, authorization and permission is hereby given to said church for any publicity photographs taken of this participant to be used for promotional purposes.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, volunteers and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant hereto.

If the participant has not attained the age of 18 years:

We (I) are the parent(s) or legal guardian(s) of this (these) participant(s), and hereby grant our (my) permission for him (her) (them) to participate fully in said activities, and hereby give our (my) permission to take said participant(s) to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any.

Further, should it be necessary for the participant(s) to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Print Name of Participant(s) _____

Please list all family members participating in opportunities at Trinity.

Hospital Insurance ☐ YES ☐ NO

Insurance Company _____

Policy/Group Number _____

Physician _____

Physician's Phone # _____

Emergency Contact _____

Emergency Contact's Phone # _____

Participant's Signature (If Age 18 or Older)

Date

Parent/Guardian's Signature

Date