



St. Paul Lutheran  
Church and School

# Ministry Registration/Release

Year: \_\_\_\_\_

(To be filled out annually by all participants including parent, guardian, or adult participant)

Please print in blue or black ink.

Child/Adult Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Baptismal Date: \_\_\_\_\_

Home Church: \_\_\_\_\_ Location: \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Dad \_\_\_\_\_ Mom \_\_\_\_\_ Grandparents \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

**Parent/Guardian Information:**

**Father's name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**If adult youth ministry participant:**

**Spouse Name (or next of kin):** \_\_\_\_\_ Home phone #: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Notification:**

If person(s) named above are not available in the event of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(Check all items that apply to the health history. Explain any "Yes" answers and attach plain piece of paper for more space)

**Allergies:** Food, medicines, insects, plants (\_\_\_\_) Yes (\_\_\_\_) No

**Explain:** \_\_\_\_\_

General Health Information: (Circle those that apply):

ADHD   Convulsions/Seizures   Hemophilia   Asthma   Diabetes   High Blood Pressure   Cancer/Leukemia   Heart Trouble   Kidney Disease   Other

Explain: \_\_\_\_\_

Medications: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in strenuous physical games: \_\_\_\_\_

\_\_\_\_\_

List assistive devices needed such as wheelchair, braces, glasses, contact lenses, etc. \_\_\_\_\_

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### Permission/Emergency Medical Care Release (Youth/Adult)

I give permission for full participation in St. Paul Lutheran Youth programs/activities, subject to limitations noted herein.

In case of an emergency, I understand every effort will be made to contact me. In the event I am not available, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Name of personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Date \_\_\_\_\_ Signature of parent/guardian, or adult participant \_\_\_\_\_

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### Medical/Liability Release (Youth/Adult)

Every activity sponsored by this Church and School is adequately supervised; however, unforeseen events can occur. By signing this form, the parent, guardian or participant agrees to assume and accept all risks and hazards in related activities. They also agree not to hold this church, its employees and volunteers liable for damages, losses or injuries to the person or property undersigned. This signature is for both medical and liability release.

Date \_\_\_\_\_ Signature of parent/guardian, or adult participant \_\_\_\_\_

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### Media Waiver (Youth/Adult)

I hereby give my permission for myself and/or my child to be filmed or photographed by St. Paul Lutheran Church or affiliate. My child's picture may be used for any media publication (TV, newspaper or church website), I will not expect compensation: \_\_\_\_ (Yes) \_\_\_\_ (No)

Date \_\_\_\_\_ Signature of parent/guardian, or adult participant \_\_\_\_\_

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**(If something changes during the year, parents are responsible for notifying the church or school office of those changes)**

(This original form is kept on file in the church/school office during the year with a copy to parent/guardian/adult ministry participant if requested)