



MINISTRY REGISTRATION/RELEASE

Year _____

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

St. Paul
LUTHERAN CHURCH

Please print in blue or black ink.

Child/Adult Participant Name: _____ Gender: Male ___ Female ___

Address: _____

City: _____ State: _____ Zip Code: _____

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 _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

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

ALLERGIES: Food, medicines, insects, plants Yes No

Explain: _____

GENERAL HEALTH INFORMATION: *(Circle those that apply):*

ADHD (Attention-Deficit Hyperactivity Disorder) 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 participating 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 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 web-site), I will not expect compensation.

Date _____ Signature of parent/guardian, or adult participant _____

(If something changes during the year, parents are responsible to notify the church 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 youth ministry participant completing)