

# 2016-2017 St. Luke's Youth Group Registration Form

Name: \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Youth email: \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent(s) Cell Phone(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Allergies or other medical issues of which we should be aware: \_\_\_\_\_

I, the undersigned, do hereby grant or deny permission to St. Luke's Lutheran Church and School to carry out the following services in regard to my above listed child as marked by my selections below.

## ***First Aid***

\_\_\_\_\_ Administer first aid as necessary and seek emergency medical help if needed, recognizing that I will be notified should this occur.

## ***Image***

\_\_\_\_\_ Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media, understanding that my child's image may be named.

\_\_\_\_\_ Overall usage: I give permission for my child's image to be used in print, video, and digital media for a variety of purposes with the understanding that my child will not be specifically named.

\_\_\_\_\_ I do not give permission for my child's image to be used or shared in any format.

## ***Neighborhood***

\_\_\_\_\_ I give my child to permission to take supervised walking trips in the neighborhood.

## ***Name and Contact Information***

\_\_\_\_\_ I give permission for my child's name and contact information to be shared among youth group members and youth leaders..

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_