

2017-2018 St. Mark's Youth Ministries Registration

Student Information *(please fill in the blanks and make corrections where applicable)*

Full Baptismal Name: <small>(First, Middle, Last)</small>		
Preferred Name:		Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Birth Date:		Student Baptized: <input type="checkbox"/> N <input type="checkbox"/> Y Date:
Mailing Address:		

Graduation Year:	Grade:
School Attending:	
Student Cell Phone #:	

Children's Ministry - Please Complete

Children's Ministry Time: <small>(Check one or both)</small>	<input type="checkbox"/> Sun. 9:45 am <small>(Preschool-5)</small>	<input type="checkbox"/> Wednesday <small>(1-5)</small>
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Guardian Information *(please fill in the blanks and make corrections where applicable)*

<small>Please * your preferred method of contact</small>	Mother/Guardian	Father/Guardian
First/Last Name:		
Home Phone:		
Cell Phone:		
Work Phone:		
Preferred Email:		
Home Address: <small>SAME if matches Child</small>		
Alternate Emergency Contact Name:		Alternate Emergency Contact Number(s):

Confirmation - Please Complete

Your sermon note goal for 2017-18: _____ (a min of 20 is required)
There are 43-44 weeks of worship opportunities this school year.

High School & Confirmation - Please Complete

1-3 friends you would like to have in your small group? (we'll do our best)

Medical Information

Med. Insurance Co:	
Med. Insurance Policy #:	

Alternate Emergency Contact Relationship to Student:

List any individual(s) NOT permitted to pick up your child:

Medical Information *(please explain, if applicable. Otherwise indicate "None")*

Are there any allergies or special health considerations leaders should be aware of?	
Are there any emotional or behavioral information leaders should be aware of to help your child have a positive experience?	

Office Use Only

<input type="checkbox"/> Photo Taken	Supply Fee \$25
<input type="checkbox"/> ACS Changes Entered	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit
<input type="checkbox"/> Perm Release Signed	Meal Fee \$75
	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit

Youth Ministry Parent/Child/Student Covenant

(This covenant is to be signed by the child/student and a parent/guardian in order for the registration to be complete)

Child/Student Covenant

- I will treat my leaders with respect and be a helpful and courteous member of this group
- I will treat my peers as I would like to be treated. I will keep my hands and feet to myself. I will be quiet when asked to do so.
- I will remember that I am in God's house. While I am encouraged to have a great time, I will remember to use my manners, speak in a conversational tone, and be appreciative of the food served to me during snack/meal times.
- I am committed to learning and growing in my relationship with God.
- I am committed to helping my fellow small group members and leaders grow in their relationship with God.

Child/Student Signature

Date

Parent/Guardian Covenant

I commit to ensuring that my child/student will be in regular attendance at St. Mark's Youth Ministry Program(s). I understand that my child/student is expected to act in such a way that allows others the opportunity to grow in their faith in Christ. I agree building strong relationships with each other and growing in knowledge, love and relationship with the Lord is extremely important so a positive and respectful environment is needed to make sure that everyone has the opportunity to do this. I also understand that attendance and/or behavior issues will be handled as outlined in the governing ministry handbook.

Parent/Guardian Signature

Date

Permission and Waiver

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child"). I hereby give my consent to have my minor child attend and participate in all Youth Ministry activities organized by St. Mark's Lutheran Church (hereafter "the activity") for the period of August 1, 2017 through August 31, 2018. I recognize that there are risks involved in participating in these activities and on behalf of myself and my minor child hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in an activity.

I, on behalf of myself and my child, and our estates, heirs, successors, and/or assigns (hereinafter the "releasers"), hereby release and hold harmless St. Mark's Lutheran Church, its affiliated and related organizations, and their respective past, present and future Council(s), officers, directors, trustees, members, sponsors, employees, agents, pastors, independent contractors, volunteers, insurers, and/or representatives (hereinafter "releasees") from any and all injury, harm, damage, liability, and/or death, whether caused by the negligence of the releasees or otherwise, arising from participating in and/or attending the activity. Releasers covenant not to sue, and otherwise not institute any action against releasees for any and all injury, harm, damage, liability, and/or death, whether caused by the negligence of the releasees or otherwise, arising from participating in and/or attending the activity. Releasers further agree that if any such suit or action is pursued, releasers will not be entitled to any remedies, including but not limited to financial or monetary damages, arising out of such suit or action.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring the activity will be used as the secondary coverage.

This Release and Waiver of Liability is intended to release all possible claims by the releasers against the releasees and shall be broadly construed to that end.

I also agree to bring the minor child home at my own expense should they become ill or if deemed necessary by an activity leader. Note: If you desire to limit your minor child's participation, please submit your wishes in writing to the church prior to that event.

I also give permission for any picture taken of the minor child to be used for ministry purposes, including publication in print material, website, and online social networks (i.e., Facebook).

Parent/Guardian Signature

Date

Parent/Guardian Name Printed