

Youth Ministry Information Sheet and Medical Release Form

Student Name: _____ Birth date: _____ Age: _____

Parent Name(s): _____ Home Phone: _____

Mobile Phone: _____

In case of shared custody situations, with whom does the child reside? _____

Home Address: _____ City/Zip: _____

Student Email Address: _____

Parent Email Address: _____

Please Register me for the following programs at Christ Lutheran:

_____ Cornerstone (grades 9-12) _____ Foundations 1 (grade 6)

_____ High School Music Team (grades 9-12) _____ Foundations 2 (grade 7)

_____ Cornerstone Music Team (grades 9-12) _____ Foundations 3 (grade 8)

_____ Middle School Music Team

School: _____ Grade: _____

Sports Played: _____

Do you participate in: Band _____ Orchestra _____ Choir _____

Instruments you play: _____

Other School Activities (clubs, arts, etc.)

I would like to know more about serving in the following ways at Christ Lutheran:

_____ Worship Reader _____ Nursery Volunteer _____ Church Property Projects

_____ Communion Assistant _____ Social Ministry and Service Projects _____ Peer Ministry

_____ Acolyte _____ Sunday School Teaching _____ Other (please list)

_____ Altar Guild _____

Medical Release Form (to be completed by parents)

In order to provide for our students in case of an emergency, parents are asked to complete this medical release form.

I (parent) _____ give permission for my child _____

To participate in the youth ministry activities at Christ Lutheran Church.

In the unlikely event of an emergency, I give permission for a trained volunteer or staff person of the congregation to provide first aid care or to seek medical/dental treatment for my child if needed. I understand that every effort will be made to contact me first in such an emergency.

Parent Signature: _____ Date: _____

Insurance Carrier: _____

Policy/Group Numbers: _____

Physician Name and Phone: _____

Please list any allergies and /or special needs you child has. Be sure to include all food and medication allergies:

In the event we cannot reach you, who may we contact in case of emergency?

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____