

Hope Lutheran Church
YOUTH MINISTRY

Registration/Waivers for 2016/2017

Student Information – *Please save the form to your computer, complete, then email (as attachment) to Ryker Hampton at rhampton@hopelutheranwf.org. Questions? Call the church office at 919-554-8109.*

Student's Full Name: (First, Last) _____

Birth date: _____ Grade: _____ School: _____

Student Address: _____ City & Zip: _____

Home Phone: _____ Student's Cell: _____

Family Email: _____ Student's Email: _____

Member of Hope Lutheran? Yes No

Have you been Baptized? No Yes, Date: _____, Church/State: _____

Have you been Confirmed? No Yes, Date: _____, Church/State: _____

Parent/Guardian Information

Father's Name: _____

Address: (if different from student) _____ City & Zip Code: _____

Cell Phone #: _____ Email: _____

Mother's Name: _____

Address: (if different from student) _____ City & Zip Code: _____

Cell Phone #: _____ Email: _____

Additional Information About Your Child

List allergies and severity of reactions: _____

Additional Information (i.e.: medical concerns, special needs, or learning disabilities):

Emergency Contact *(if parents are unavailable)*

Name: _____ Relation to Youth: _____

Home Phone: _____ Cell Phone: _____

(Please continue on next page)

Medical Release

I authorize professional medical personnel (i.e., doctors, nurses, paramedics, etc.) to provide Emergency Medical aid to my child, _____. I recognize that my insurance will cover the medical needs.

Insurance Company & Policy Number: _____

Parent /Guardian Signature: _____ Date: _____

Liability

Every activity sponsored by Hope Lutheran is adequately supervised; however, unforeseen events can occur. By signing this form, I agree to assume and accept all risks and hazards in related activities. I also agree not to hold Hope Lutheran, its employees and volunteers liable for damages, losses or injuries to the person or property undersigned.

Parent /Guardian Signature: _____ Date: _____

Student Media Waiver

We promote our events by sharing pictures on our closed Facebook page. I hereby give permission for my child _____ to be filmed or photographed during youth events. If my student's picture is used for any media publication (TV, newspaper, Facebook, or the church web-site), no names will be used without parental permission.

Yes No

Parent /Guardian Signature: _____ Date: _____

Please return completed signed forms to the church office.