

Christ Lutheran Church (CLC)
LOGOS & Youth Ministry
Registration, Medical, & Consent Form
For the entire year of September 2009-September 2010
(For 5th-12th Graders; Please print. Complete both sides)

REGISTRATION

1st Child's Full Name _____ Sex _____ Age _____ Grade _____

Date of Birth _____ Date of Baptism _____ E-mail _____

2nd Child's Full Name _____ Sex _____ Age _____ Grade _____

Date of Birth _____ Date of Baptism _____ E-mail _____

3rd Child's Full Name _____ Sex _____ Age _____ Grade _____

Date of Birth _____ Date of Baptism _____ E-mail _____

Father's Name _____ Mother's Name _____

Guardian (if not biological parent) _____

Child's Mailing Address _____

Home # _____ Parent's E-mail _____

Parent's Cell #(s) _____ Work #(s) _____

Is there anything the Youth leaders of CLC should know about your child/children? _____

If CLC is not your home church, where do you attend? _____

ATTENTION PARENTS:

These programs are available for your child because parents like you give love, time, and energy where you are able. Please consider the following areas to serve:

*I will help with the after school ministry for 5th & 6th Graders in some way Yes

*I will help with 7th & 8th Grade LOGOS (Small groups) Regularly Occasionally (Games) Yes

*I will help with High School LOGOS Yes

*I will help in the Kitchen on Wednesday's (Cook 4-6) (Clean-up 6-8) (Desserts)

*I will help with younger children while their parents lead LOGOS on Wednesdays Yes

Funds are needed to run this part of our ministry! To supply food for over 100 people weekly, it costs approximately \$90 per participant each year. We would appreciate and graciously accept any donation to LOGOS at CLC in order to continue to do what we do.

Christ Lutheran Church (CLC) LOGOS Ministry Medical & Consent Form
September 2009-September 2010

MEDICAL

Insurance Carrier _____ Policy# _____

Physician Name _____ Phone # _____

Allergies (including bee stings, drug reactions, food, etc.) (Child 1, 2, or 3) _____

Current Medications (including dosage) (Child 1, 2, or 3) _____

Illnesses or other medical information of which we should be informed _____

Date of last tetanus shot: CHILD 1 _____ CHILD 2 _____ CHILD 3 _____

Does your child know how to swim? CHILD 1 _____ CHILD 2 _____ CHILD 3 _____

Any restrictions or concerns? _____

Emergency Contact (other than parent or guardian) _____ Relationship to child _____

Home # _____ Cell # _____ Work # _____

CONSENT

I, _____ parent/legal guardian of _____ understand that in the event of an emergency, or if any medical, surgical, hospital care, treatment and procedures become necessary for my child while they are participating in children's ministry/youth ministry with CLC, every attempt will be made to contact me. If I am unavailable, I grant those in charge of the event my permission to authorize medical attention as recommended by a licensed physician. I waive my right of informed consent to such treatment. We agree to pay all medical costs involved in any such emergency treatment. We release and discharge the Church and/or its representatives involved in this event from any liability whatsoever in exercising this permission. This authorization is for ALL CLC children's ministry/youth ministry activities for the year September 1, 2009 through September 1, 2010.

Parent/Guardian Signature _____ Date _____

Travel Authorization

In the event of an off site activity, I give permission for my child to ride in the CLC van, or car of a responsible driver chosen by the staff members of CLC. My child will ride with a seat belt.

Parent/Guardian Signature _____ Date _____

Media Consent

I consent to the use of any photograph or videotape of my child taken during the year for use in future presentations at CLC or posted on the CLC website (names of children will never be mentioned on web).

Parent/Guardian Signature _____ Date _____

Prayer Partner Consent (For 7th-12th Graders only)

I consent to my child receiving an adult prayer partner and I understand that a picture of my child will be given to this adult so that he/she will have a face to the name of the child they are praying for.

Parent/Guardian Signature _____ Date _____

*** Please keep in mind that the reason we ask for all of this information is to keep your child safe while they are under the supervision of CLC and to be able to mail you necessary information about our ministry. Should there be any changes in your child's medical information that would affect his/her participation in youth activities, please let the office know! Thanks!