

# 2024-2025 Youth Ministry Registration, Permission Form & Liability Waiver



- Prior to participation both sides of this form are required to be filled out completely
- Please read carefully and print clearly
- One form per youth

Youth's Name (first, **middle**, last): \_\_\_\_\_

Grade (2024-25): \_\_\_\_\_ Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_

Youth's cell: \_\_\_\_\_ Youth's Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Baptized? \_\_\_\_\_ Taken First Communion? \_\_\_\_\_

**Family Information:**

Parent/Guardian _____	Parent/Guardian _____
Street Address _____	Street Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Home Phone ( ____ ) _____	Home Phone ( ____ ) _____
Work Phone ( ____ ) _____	Work Phone ( ____ ) _____
Cell Phone ( ____ ) _____	Cell Phone ( ____ ) _____
Email _____	Email _____

Emergency Contact OTHER THAN PARENT, to be used if parents cannot be reached (List two with phone numbers):

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:** (All information is required and will be kept confidential)

Special Medical Concerns, Medications being taken, Allergies (especially to food or medications), Any other medical information your child's adult leader should know:

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

Does your child have an IEP or a 504 Plan? If so please, indicate anything on it that would be important for your child's adult leader to know:

\_\_\_\_\_

\_\_\_\_\_

**Confirmation Parent Involvement:** I am interested in serving in these places during the 2024-25 Confirmation year (Please consider choosing one because as a parent you play a huge role in your child's faith life):

_____ Confirmation Small Group Sub*	_____ Retreat Chaperone*	_____ Wednesday meal Set Up/Serve
_____ Confirmation Event Driver*	_____ Special Events Support	_____ Wednesday meal Clean Up
_____ Other: _____		

\*Volunteers in these areas will need to have a background check completed and attend a Safe Child Training.

**Consent & Authorizations**

***Student Covenant—***

**All Youth:** I agree to abide by to the commitments and expectations outlined in the Confirmation Handbook. I will consistently attend and contribute to my Confirmation Small Group and Large Group gatherings, and stay up-to-date with other commitments (including retreats, service projects, and small group nights). I accept full responsibility for my choices and behavior and will accept the consequences for inappropriate behavior as decided by the Confirmation Leaders.

\_\_\_\_\_

Student signature

\_\_\_\_\_

Date

***Parent/Guardian Agreement***

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_

Parent or Guardian’s name (Print) Child’s name

to participate in the below named event(s). In consideration of my child’s participation, I agree to hold harmless Halfway Creek Lutheran Church, staff, and volunteers from any claims or lawsuits brought against Halfway Creek Lutheran Church, staff, and volunteers by myself, my child, or others.

Event:	Youth Events & Retreats
Date of Event:	September 15, 2024—August 31, 2025
Individual(s) in Charge:	Staff: Confirmation small group leaders and chaperones (With up-to-date Background Checks)
Mode of transportation to and from event:	Bus, van, and adult drivers designated by HCLC

I/we understand God intends the family to be the primary means of teaching and modeling what it means to know, love, and follow Jesus Christ. I/we agree to hold my/our child accountable to the commitments and expectations listed in the Confirmation Handbook and to the above Covenant they have signed.

I /we give permission for Halfway Creek Lutheran Church to use, publish, or disclose in newsletter, brochures, posters, website, or other media-related vehicles, any photographs, videos, audios, or other material in which my child may have appeared, spoken, or written, or otherwise been represented. No names shall be attached to any media used without prior permission.

I/We, as the parent(s) and/or legal guardian(s) of the above-named minor, hereby authorize a representative of Halfway Creek Lutheran Church to act on my/our behalf in obtaining and authorizing unexpected emergency medical, dental, surgical and/or hospital care for the minor in my absence from September 15, 2024 through August 31, 2025.

\_\_\_\_\_

Parent/Guardian signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian signature

\_\_\_\_\_

Date

This form will be valid for ALL Confirmation and High School youth group events and retreats. All participating youth and friends will need to have a completed form on file with the office at Halfway Creek Lutheran Church.