

**Living Lord Youth Registration
2021-2022 School Year**

Child/Youth 1

Name _____ Birthday _____ Grade _____ School _____

Food Allergies/Medical Issues _____

Extracurricular Activities/Hobbies/Instrument(s) _____

Youth Email _____ Youth Cell # _____

☐ I give permission for this youth to be contacted in group emails or text messages (or GroupMe).

☐ I give permission for this youth to be contacted individually by email, text, or phone call.

Child/Youth 2

Name _____ Birthday _____ Grade _____ School _____

Food Allergies/Medical Issues _____

Extracurricular Activities/Hobbies/Instrument(s) _____

Youth Email _____ Youth Cell # _____

☐ I give permission for this youth to be contacted in group emails or text messages (or GroupMe).

☐ I give permission for this youth to be contacted individually by email, text, or phone call.

Child/Youth 3

Name _____ Birthday _____ Grade _____ School _____

Food Allergies/Medical Issues _____

Extracurricular Activities/Hobbies/Instrument(s) _____

Youth Email _____ Youth Cell # _____

☐ I give permission for this youth to be contacted in group emails or text messages (or GroupMe).

☐ I give permission for this youth to be contacted individually by email, text, or phone call.

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Home Address _____ Home Phone _____

Guardian Name _____ Cell # _____ Email Address _____

Guardian Name _____ Cell # _____ Email Address _____

Preferred email for communication: ☐ mom/grandmother ☐ dad/grandfather ☐ both

Preferred cell for communication: ☐ mom/grandmother ☐ dad/grandfather ☐ both

Emergency Contact (Other than parent):

Name _____ Relationship _____ Cell # _____

Who, other than parents, can pick up child(ren)/youth? _____

Medical & Transportation Release

I hereby give permission for my child(ren), **Child 1** _____, **Child 2** _____, **Child 3** _____

to attend Children and/or Youth Ministry Activities and ride in church sponsored vehicles at Living Lord Lutheran Church in Lakewood Ranch, FL, **August 1, 2021 through July 31, 2022**. In the event of an emergency, I understand that every effort will be made to contact me or another emergency contact person. If a contact cannot be reached, I hereby give consent to a representative from Living Lord Lutheran Church to seek appropriate medical care from a licensed physician to secure proper treatment for my child(ren) named above.

I understand I am responsible for his/her own medical insurance and will not hold Living Lord Lutheran Church liable for any injury to my child(ren) while engaged in activities sponsored by Living Lord Lutheran Church.

Parent/Guardian Signature

Date

Insurance Info (optional)

Medical Insurance Carrier _____

Policy/Group Number _____ **Member ID** _____

Policy Holder Name _____ **Birthday** _____

Child(ren)'s Doctor _____ **Phone** _____

Important Health Information

(Medical Issues, Medications, Drug Allergies, Food Allergies)

Child 1 _____

Child 2 _____

Child 3 _____

Photo Release

☐ I allow my child(ren) listed above

☐ I do not allow my child(ren) listed above

to be photographed/videoed for possible inclusion in Living Lord **website and social media**.

☐ I allow my child(ren) listed above

☐ I do not allow my child(ren) listed above

to be photographed/videoed for pictures **not posted on social media** (participant group pictures, bulletin boards, etc.)

Parent/Guardian Signature

Date