

# ELIM Lutheran Church Children and Youth Registration Form 2017-2018

*Please fill out both sides!*

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child 1: \_\_\_\_\_ M / F D.O.B. \_\_\_\_\_ Gr: \_\_\_\_\_

*Circle Activity or Activities for this child.*

**Sunday School (K-Gr.6) LOGOS (K-Gr.6) LOGOS/Confirmation (Gr.7-9) LOGOS/H.S. Youth Group (Gr.10-12) H.S. Vocal Ensemble (Gr.9-12)**

Medical/neuroatypical conditions (i.e. allergies, epilepsy, asthma, diabetes, autism, etc.) that we should be aware of?

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Child 2: \_\_\_\_\_ M / F D.O.B. \_\_\_\_\_ Gr: \_\_\_\_\_

*Circle Activity or Activities for this child.*

**Sunday School (K-Gr.6) LOGOS (K-Gr.6) LOGOS/Confirmation (Gr.7-9) LOGOS/H.S. Youth Group (Gr.10-12) H.S. Vocal Ensemble (Gr.9-12)**

Medical/neuroatypical conditions (i.e. allergies, epilepsy, asthma, diabetes, autism, etc.) that we should be aware of?

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Child 3: \_\_\_\_\_ M / F D.O.B. \_\_\_\_\_ Gr: \_\_\_\_\_

*Circle Activity or Activities for this child.*

**Sunday School (K-Gr.6) LOGOS (K-Gr.6) LOGOS/Confirmation (Gr.7-9) LOGOS/H.S. Youth Group (Gr.10-12) H.S. Vocal Ensemble (Gr.9-12)**

Medical/neuroatypical conditions (i.e. allergies, epilepsy, asthma, diabetes, autism, etc.) that we should be aware of?

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Child 4: \_\_\_\_\_ M / F D.O.B. \_\_\_\_\_ Gr: \_\_\_\_\_

*Circle Activity or Activities for this child.*

**Sunday School (K-Gr.6) LOGOS (K-Gr.6) LOGOS/Confirmation (Gr.7-9) LOGOS/H.S. Youth Group (Gr.10-12) H.S. Vocal Ensemble (Gr.9-12)**

Medical/neuroatypical conditions (i.e. allergies, epilepsy, asthma, diabetes, autism, etc.) that we should be aware of?

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# ELIM Lutheran Church Medical and Permission Form 2017-2018

*Please fill out both sides!*

Parent/Guardian Name(s): \_\_\_\_\_

Additional Emergency Contact (someone not listed on other side)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Group/ID #: \_\_\_\_\_

Name of Family Doctor/Clinic: \_\_\_\_\_

Number: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_

Number: \_\_\_\_\_

- Check One  I give permission for my child(ren) to be photographed and those photographs to be used for publicity, on Elim's website and/or social media.
- I do NOT give permission for my child(ren) to be photographed.

*Circle One*

I give permission for Elim staff or volunteers to administer Acetaminophen/Ibuprofen, if needed. YES NO

By submitting this form I (We) acknowledge that any photos/videos produced remain the property of Elim Lutheran Church and permit Elim Lutheran Church to use such photos/videos for church related purposes and publicity. I (We) understand that the first name of the participant may be posted with the photos/videos. I (We), the undersigned, do hereby release, forever discharge, and agree to hold Elim Lutheran Church, its staff and volunteers, harmless from any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever, which may be incurred or suffered by the undersigned and/or participant while attending, participating in, or traveling to/from any church sponsored event or activity.

Furthermore, I (We) hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the undersigned and/or participant's participation in all activities, including recreation and work activities involved in any church sponsored event or activity. In addition, I (We) authorize and grant permission to furnish all necessary transportation, food, lodging, and medical treatment for the undersigned and/or participant.

I (we) give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel. I (We) release Elim Lutheran Church, its staff and volunteers of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I (We) agree to accept any and all financial responsibility as a result of medical treatment.

Furthermore, I (We) understand that Elim Lutheran Church, its staff and volunteers will not be liable if the undersigned and/or participant fails to cooperate with the rules and that any infraction of the rules may result in immediate dismissal from the event or activity at my (our) expense.

**If the participant is under 18 years of age:** I (We), the parents or legal guardians, hereby grant permission for my child/children, the participant, to fully participate in the above activity and all its undertakings. My child(ren) agrees to abide by all the rules and regulations stated by Elim Lutheran Church, its staff and volunteers.

I (We) acknowledge that a copy of this form is as valid as the original.

\_\_\_\_\_/\_\_\_\_\_

*(signatures of parent/guardian)*

**Tuition:** Sunday School N/C

LOGOS: K-6th, Confirmation, High School \$100/program year

Confirmation/H.S Youth w/o meal: \$50/program year

Family Maximum for all ministry programs: \$250

Office Use: