

LONG LAKE LUTHERAN CHURCH

High School Youth REGISTRATION

Registration Form 2017-2018

This form registers the youth named below in high school youth group activities during the 2017-2018 school year. This form will serve as health care permission for any activities on or off site with Long Lake Lutheran.

Name _____ Date of Birth ___ / ___ / ___ Grade _____

Address _____
Street City State Zip

Best email address for parents _____

Email address for student _____

Student phone number if you want text reminders for activities _____

Baptized (Y or N) ___ Are you a member of LLLC? ___ If not, would you like information on joining? ___

Insurance Carrier _____ ID# _____

Name of Insured _____ (usually a parent/guardian)

Parents/Guardians (please print all applicable names)

Name _____ Home phone _____

Address (if different) _____ Work phone _____

_____ Cell phone _____

Name _____ Home phone _____

Address (if different) _____ Work phone _____

_____ Cell phone _____

Who lives in your house? _____

Any special medical/learning needs/allergies that would be helpful for us to know? _____

Photo Release– I hereby certify that I am the legal parent or guardian of the student on this form and do hereby give my consent to Long Lake Lutheran Church to use my child’s photographs, video recordings or electronic images in any and all of its publications including the church website.

Signature: _____ Date: _____

Parent Authorization:

This permission form is correct and the person described can engage in all youth activities. Long Lake Lutheran Church is released from any and all liability in case of accident or illness. If I cannot be reached in the event of an emergency, I give permission to the physician or medical technician selected by Long Lake Lutheran leadership to secure proper treatment for, hospitalize, to order injection, anesthesia or surgery for my child as named above.

Signature: _____ Date: _____