



**Child/Youth Registration Form
2018-2019**

Child/Youth Name: _____ Grade: _____

Address: _____

School: _____ Birthdate: _____

Youth Cell phone: _____ Youth Email: _____

Youth Communication preferences: Email ___ Phone ___ Text ___ Facebook ___ None ___

Baptized? Yes/No Date: ___ Confirmed? Yes/No Date: ___ Epiphany member? Yes/No

Parent/Guardian #1

Name: _____ Home phone: _____

Cell Phone: _____ Work phone: _____

Email: _____ Alternate email: _____

Relation to child/youth: _____

Address (if different): _____

Communication preferences: Email ___ Phone ___ Text ___ Facebook ___ None ___

Parent/Guardian #2

Name: _____ Home phone: _____

Cell Phone: _____ Work phone: _____

Email: _____ Alternate email: _____

Relation to child/youth: _____

Address (if different): _____

Communication preferences: Email ___ Phone ___ Text ___ Facebook ___ None ___

Secondary emergency contact info: _____



MEDICAL HISTORY

Check the following areas of concern for this child/youth.

If necessary, add another page with details.

1. Does your child/youth have allergies to...

foods: _____ insects: _____ medications: _____

other: _____

2. Does your child/youth experience, or is your child/youth currently being treated for any of the following:

asthma epilepsy/seizure disorder heart condition diabetes

frequently upset stomach physical handicap other: _____

3. Any other medical information that would helpful for us to know:

Medical Insurance

Name of Medical Insurance Company: _____

Name of Insured: _____ Relation to Participant _____

Policy # _____ Group # _____ Phone _____

Preferred Hospital (in case of emergency): _____



PARENTAL PERMISSION

If you desire to limit your child's participation, you must submit your request in writing prior to the event.

My Child/Youth has my permission to attend ministry activities sponsored by Epiphany Lutheran Church of Castle Rock, Colorado, from August 2017 to August 2018. In the event that my child requires medical attention beyond basic first aid, I understand the ministry staff and volunteers at Epiphany Lutheran church will make an attempt to contact me. However, if I am unreachable or in the case of a medical emergency, this consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named child.

Parent/guardian signature: _____ **Date:** _____

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend activities being organized by the Epiphany Lutheran Church. I/We understand that there are inherent risks involved in any ministry, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the pastor, or any ministry staff or volunteers.

Parent/guardian signature: _____ **Date:** _____

I/We hereby grant permission for the church to photograph my child participating in their ministries. I/We understand that such photos may be used for publicity purposes which may include, but are not limited to: brochures, posters, and websites promoting the ministries of this church. When photos of minors are used in print or online, I/we understand that the church will respect the privacy of those minors by refraining from associating any names of minors with their photos unless permission to do so has been granted in advance.

Parent/guardian signature: _____ **Date:** _____

Permission to input child/youth's info in My Epiphany? (only visible to administrators)

Parent/guardian signature: _____ **Date:** _____



Scheduling (Youth Only)

Circle the days of the week which would work best for your attendance at activities:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Circle the days of the week which would NOT work best for your attendance at activities:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Activities/Hobbies/Interests: _____

List any conflicts (sport practices/games, music lessons, vacations, etc.) you are already aware of which would prevent you from attending activities:

Suggestions for future youth group activities: