



FIRST LUTHERAN
LCMS
PAPILLION NEBRASKA

First Lutheran Church

Youth and Children's Ministry Registration Form

Please use one form per family and include all children age 3 - 18

Today's Date: _____

Family Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Father's Name: _____ Cell #: _____

Wish to receive text message reminders? Yes ___ No ___

Mother's Name: _____ Cell #: _____

Wish to receive text message reminders? Yes ___ No ___

Child(ren) live with: ___ Both parents ___ Mother ___ Father ___ Grandparents ___ Other

Person(s) authorized to pick up child(ren): _____

Emergency Contact and Phone: _____

Are you a member of First Lutheran? Yes ___ No ___

Child's First AND Last Name (please print clearly)	Birthday (MM/DD/YYYY)	Grade: Fall 2020	Medical Needs Allergies Dietary Restrictions	Sunday School	Midweek \$10	Confirmation \$45	High School Youth

Confirmation - \$45 per child / Midweek - \$10 per child **Please make checks payable to First Lutheran. Payment due the first evening of classes (September 2).**

Please complete the parental consent section located on the other side of this form

Parental Consent

**This form must be completed and signed by parent/guardian of participants under 21.
A parent/guardian signature is needed for participant to take part in activities.**

The undersigned does hereby give permission for my child(ren) _____ (child(ren)'s name(s)) ("Participant"), to attend and participate in any First Lutheran Church children/youth ministry activities, events, and/or retreats.

PARTICIPATION AGREEMENT

I acknowledge that participation in activities sponsored by First Lutheran Church involve risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in ministry activities, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity, if applicable. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "Church"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Church for any damage, loss, or injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Church, the participant, or otherwise.

I, the participant's parent and/or natural guardians do hereby authorize the Church to (i) consent to medical, surgical and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (iii) on (my)(our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care, and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

Parent/Guardian Signature _____ Date _____

MEDIA WAIVER

I hereby give permission for my child(ren) to be filmed or photographed by First Lutheran Church. If my child(ren)'s image is used for any media publications (website, social media, newspaper, etc.), I will not expect compensation. No names will be published.

Parent/Guardian Signature _____ Date _____