

“Service Squad”- Student Participation Form

Personal Information:

Participant’s Full Name: _____ Prefers to be called: _____

Current grade: _____ Birth Date: _____ T-Shirt Size: YS YM YL AS AM AL AXL AXXL

Mailing Address: _____

Student E-Mail: _____

Mother’s Name: _____ Home #: _____ Cell #: _____ Email: _____

Father’s Name: _____ Home #: _____ Cell #: _____ Email: _____

In case of an emergency, contact this person if parents cannot be reached:

Name: _____ Relationship to student: _____ Cell Phone: _____

Medical Information

Does your child (or you) have any allergies or other medical conditions of which we should be aware?

Yes No (If yes, please explain on back of form)

Does your child (or do you) have any diagnoses or history of behavioral or learning concerns about which we should be informed?

Yes No (If yes, please explain on back)

Please indicate any medication needs or restrictions on the back of this form.

Insurance Co. _____ Phone Number: _____

Policy # _____ Name of Insured: _____

Participant’s Covenant

In registering for this event, I realize that I may be participating in events which purposes may include: Christian learning, service and fun. I will refrain from using alcohol, tobacco or illegal drugs - no smoking allowed for people under age 18. I will not bring anything that could be considered dangerous (fireworks, weapons, lighter, etc.). I will participate fully in the life of the event, honor the time commitments, and respect the rights of others. I understand that failure to abide by this covenant will result in consequences; one of which includes being sent home immediately.

Participant Signature

Date

Authorization for Participation of Minors (Under 18) I give permission for my child to participate in youth and family ministry activities sponsored by Calvary Lutheran Church, including travel to and from locations, on the last Thursday of every month during the 2017-2018 school year. I understand that my child’s failure to abide by the covenant may result in his or her being sent home.

Medical and Liability Release of a Minor or Self I, the individual or parent/guardian of

_____ (child’s name or your name), authorize a representative of Calvary Lutheran Church to take such action as deemed necessary for the care, welfare and health of, myself/my child including the giving and consent of medical treatment. I hereby agree to indemnify and hold harmless from any expense of claims of any nature Calvary Lutheran Church and its representatives. I understand that I am responsible for any charges that may be incurred.

Media Release: I the individual or parent guardian of _____ give permission to use, publish, or disclose newsletters, brochures, periodicals, posters, websites, or other media related vehicles, any photographs, videos, audios, and any other material which I or my child may have appeared, spoken, written, or otherwise been represented. I understand that a copy of this release will be kept on file to indemnify Calvary Lutheran Church against any of their use of the materials indicated.

Participant or Parent/Legal Guardian (if participant is under 18)

Date



