

2011-2012 PROGRAMMING REGISTRATION

GOOD SHEPHERD LUTHERAN CHURCH

ONE SHEPHERD CT, CIRCLE PINES, MN 55014

763-784-8417 (OFFICE) 763-783-0977 (FAX)

E-MAIL: office@goodshepherdlink.org WEBSITE: www.goodshepherdlink.org

✓ PLEASE SELECT BELOW WHICH PROGRAM(S) YOU ARE REGISTERING YOUR CHILD FOR:

Sunday School <i>(ages 3-5th grade)</i> 9-10:00 am		Sunday Bible Study Middle School <i>(6th-8th grade)</i> 9-10:00 am		Sunday Bible Study Senior High <i>(9th-12th grade)</i> 9-10:00 am	
Mid-week Each Day Club <i>(K - 5th grade)</i> 6-7:30 pm		Mid-week Confirmation <i>(6th-8th grade)</i> 6-7:30 pm		Mid-week Senior High <i>(9th-12th grade)</i> 6-7:30 pm	

PLEASE PRINT CLEARLY

Childs Full Name: _____ Grade: _____

Date of Birth: _____ Cell # (for 9th – 12th grade students only): _____

E-mail address (for 9th – 12th grade students only) **Sign me up to receive Good Shepherd E-News: Yes No**

PARENT / GUARDIAN INFORMATION

Parents Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell #: _____

E-mail address: _____ **Sign me up to receive Good Shepherd E-News: Yes No**

MEDICAL CONSENT

In the event that my child becomes ill or sustains injury while participating in youth activities, I the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid. I also consent to an X-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is made.

Signature of Parent/Guardian: _____ Date: _____

Any Special Health Problems? Describe: _____

Any known allergies? _____ **Over** 

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Any medications:

FAMILY DOCTOR

Name:

Phone #:

FAMILY DENTIST

Name:

Phone #:

LIABILITY RELEASE

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I understand that all reasonable safety precautions will be taken at all times by Good Shepherd Lutheran Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Good Shepherd Lutheran Church, its leaders, employees, and Volunteer Staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Signature of Parent or Guardian:

Date:

PROMOTIONAL RELEASE

I, the undersigned, hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear by GSLC. I understand that these materials are being used for promotion of the ministry of Good Shepherd Lutheran Church, which includes recruitment and fundraising efforts.

I release GSLC from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment, or fundraising program.

Consented to by Parent or Guardian:

(Signature)

Date: