



# FIRST LUTHERAN CHURCH

Evangelical Lutheran Church in America (ELCA)  
107 2<sup>nd</sup> Street, SE, Aitkin, MN 56431  
Phone: 218-927-2028



## Registration, Health and Release Form for: Confirmation/Youth Events, 9/1/19 - 8/31/20

Name of Youth/Participant \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ M F

### Indicate primary parent contact with X

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

Youth Cell \_\_\_\_\_ Youth Email \_\_\_\_\_  
(enter cell phone & email only if you are approving that this is acceptable correspondence from pastors, leaders & mentors)

Parent 1 Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent 1 Cell \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent 2 Cell \_\_\_\_\_ Email \_\_\_\_\_

**I give permission for my child** (youth participants)/**I agree** (adult participants) to travel to and fully participate in the First Lutheran Church of Aitkin Confirmation Ministry activities and events throughout the 13-month period of 9/1/19 to 8/31/20. In case of emergency, I understand that every effort will be made to contact parent(s), guardian(s), or other relatives listed below. If the contacts cannot be reached, I hereby give the staff and appointed volunteers of the **First Lutheran Church of Aitkin** or cooperating agencies permission to act on my behalf in seeking emergency treatment for my child/me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that the **First Lutheran Church of Aitkin** is not responsible for related injuries that may occur during confirmation/youth events.

Name of Parent/Guardian Insured \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Company & Address \_\_\_\_\_ Ins. Co Phone \_\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_ Policy Holder's Employer \_\_\_\_\_

### **Emergency Contact:** If parent/guardian/spouse is not available, please call relative/person listed below:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

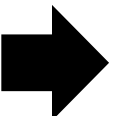
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medications/Health Concerns/Allergies: \_\_\_\_\_

(Please include if your child is gluten-free, lactose intolerant, vegetarian) \_\_\_\_\_

**Please turn over and acknowledge First Lutheran Church's Voice, Photography Release, Group Covenant, Participant and Parent/Guardian Signature on page 2.**



**VOICE, VIDEO and PHOTOGRAPHY RELEASE, please read and by signing this form, I understand that pictures and/or videos may be taken of my child/children during confirmation/youth events.**

I agree to allow First Lutheran Church to use the following for any purpose whatsoever, in any media throughout the world, including, but not limited to publication in newspapers, magazines and other print and electronic media (including First Lutheran Church web site).

I release, discharge and hold harmless First Lutheran Church and its respective agents from and against any and all claims and liabilities based on or arising out of the use, reproduction, transmission, display, publication, print or dissemination of this information as authorized by this Consent and Release, including, but not limited to, any and all claims of copyright infringement, libel, defamation, invasion of the right of privacy or infringement of the right of publicity.

This Consent and Release is effective from the date set forth below in perpetuity and shall be binding upon any heirs, successors, assigns and legal representatives, and shall insure to the benefit of the legal representative, licensees, successors and assigns of First Lutheran Church.

**GROUP COVENANT – Please read and by signing this form you are also agreeing to the following**

- ✓ I will build up and encourage my group by helping, caring, participating, being respectful and sharing responsibility.
- ✓ I will not bring or use dangerous articles, such as firearms, knives, or fireworks of any kind.
- ✓ I will share responsibility for whatever environment we find ourselves in by caring for and preserving that environment.
- ✓ I will not bring or use any alcohol, drugs, or tobacco.
- ✓ I will follow instructions given for the use of personal electronics (CELL PHONES, Ipods, MP3's, etc.)
- ✓ I expect appropriate action, including dismissal and contacting of parents, if I break this covenant.
- ✓ I will follow the stated dress code. Generally by: covering all underwear and cleavage, sleeveless shirts must have at least 2" top strap, no offensive slogans or suggestions, no beer/alcohol shirts.

**Parents/Guardians** are an important part of our confirmation ministry! **Please volunteer to help with AT least two of the events** that we provide for youth throughout the year. Both male AND female adults are needed!! Without your help, this ministry is not possible; with your help, this ministry is deeper and better!! Please check the events you would be willing to help with, and you will be contacted with more details and possible dates at a later time:

\_\_\_\_ Small Group Leader (weekly commitment)

\_\_\_\_ Coffee House After-School Ministry

\_\_\_\_ Wednesday Night Dinners

\_\_\_\_ Middle School Gathering (Nov 22-23)

\_\_\_\_ Service Nights

\_\_\_\_ Fellowship/Fun Nights

\_\_\_\_ Highway Clean-Up (TBD, 4:00-5:30 pm)

\_\_\_\_ Soup Kitchen

\_\_\_\_ Large Group Leader/Teacher for Confirmation

\_\_\_\_ End of Year Celebration

\_\_\_\_ Other: \_\_\_\_\_

Youth Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_