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| **Trinity Downtown Youth Ministries**  **Middle and High School**  **2016-2017** | | | | | | |
| **LAST** name: | **FIRST** name: | | School attend: | | Birthday: | Grade: |
| Home Address: City: Zip: | | | | | | |
| Home phone: Student cell: | | | | | | |
| Most commonly viewed email (PARENT): | | | Student email: | | | |
| Mother’s name: | | | Mother cell: | | | |
| Father’s name: | | | Father cell: | | | |
| (PARENTS)Preferred way to receive updates:  text message commonly viewed email | | | | | | |
| **LIST BELOW PERSON(S) AUTHORIZED TO CARE FOR CHILD IF PARENT CANNOT BE REACHED** | | | | | | |
| Name: Relationship: Cell: | | | | | | |
| ALLERGIES/REACTIONS: (please share any and all information as to how student reacts and what needs to be done) | | | | | | |
| HEALTH ISSUE/OTHER CONDITIONS: | | | | | | |
|  | | | | | | |
| Date of baptism: | | Date of confirmation:  First/Second year of confirmation instruction: | | Does student receive Communion: | | |
| Special hobbies/interests: | | | | | | |

I grant and give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be transported on Trinity Downtown Youth Ministries outings by Ministry Leaders authorized by Trinity Lutheran Church.

I understand that the personal information provided regarding my child will be used in a professional manner, shared only with staff or chaperones as needed for the purpose of meeting my child’s health and educational needs. If this information is not to be shared, I will provide written notification to administration of Trinity Lutheran Church.

In the event of a serious accident or illness, I request the church or youth leader to contact me. If I cannot be reached, the church may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include transportation to and treatment at a hospital or other medical facility. I will assume responsibility of payment for services rendered.

I grant permission for any and all photographs and videotapes of my child, including first initial, last name to be used in church publications- including private Facebook page. If I do not want pictures used, I will submit a written request to Trinity Lutheran Church.

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**YOUTH**:::All events sponsored by Trinity Downtown Youth Ministries are intended to provide opportunities for faith formation, community building, and fun for each participant. In order for each event to be successful, all participants are expected to abide by the following agreement.

I agree to: • Respect the dignity of every human being • Respect the other participants by avoiding teasing and excessive horseplay • Be drug, alcohol, and tobacco free • Treat all property with respect, including not tampering with fire or safety equipment, and not causing any intentional damage to buildings or property • Not engage in any kind of sexual behavior • Support the other participants and leaders with my full participation • Remain in supervised/permitted areas at all times • Follow any additional directions and rules set out by the chaperones during the events/activities.

I understand that if I do not follow this agreement, my participation in the event may be cut short, and my parents or guardian will be responsible for immediate transportation home.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_