

**Youth Education**

**Registration Form**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth\_\_\_\_\_\_\_\_\_\_

Parent(s) name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do you prefer to receive communication about youth education?**

\_\_\_\_ Email \_\_\_\_ Text msg \_\_\_\_ Mail \_\_\_\_ Website

\_\_\_\_ Narthex posting \_\_\_\_ Facebook Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food allergies/Special educational concerns:**

**Parental involvement in Youth Education at New Life...**

Would you be willing to serve as a:

 \_\_\_Substitute teacher \_\_\_ Coordinate a fellowship event

 \_\_\_\_ Photographer \_\_\_\_ Other

**Medical Release**

 I grant permission for youth leaders to take whatever steps necessary to obtain emergency medical care for the well-being of my child. My signature below indicates that any expenses incurred in necessary or other medical treatment are my responsibility. I will not hold any leader or organization liable for any injury or accident.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Waiver and Release**

 ***If you do not return this form, it will be assumed that you give permission for your child’s image to be included in any form of communication.***

I consent to my child/children being photographed, interviewed, and/or videotaped by representatives of New Life Lutheran Church and/or media outlets (newspaper, T.V., etc.). New Life uses photos of children in congregational publications to share information about New Life. Any images obtained may be reproduced by New Life and/or the public media for use in advertising, publicity, or educational activities. New Life publications include but are not limited to: the website, bulletin, annual reports, posters, banners, bulletin boards, newsletter, and other public relations materials.

I hereby waive any claims I may have, and release New Life Lutheran and its employees from liability of claims arising out of such activities.

 \_\_\_\_\_ Yes, my child may be photographed, interviewed, and/or videotaped/recorded for media use

 \_\_\_\_ No, my child may not be photographed, interviewed, and/or videotaped/recorded for media use.

**Verification**

I verify that the information provided on this form is accurate and current, and that I am the parent/guardian of this child/these children.

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of Parent Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**