

Our Redeemer Lutheran Church

NORTHEASTERN MINNESOTA SYNOD
EVANGELICAL LUTHERAN CHURCH IN AMERICA

Registration/Release Form 2020-21

YOUTH'S NAME _____

Birthday _____ Age _____ Grade _____

Allergies or special needs _____

Cell _____

Student e-mail _____

YOUTH'S NAME _____

Birthday _____ Age _____ Grade _____

Allergies or special needs _____

Cell _____

Student e-mail _____

YOUTH'S NAME _____

Birthday _____ Age _____ Grade _____

Allergies or special needs _____

Cell _____

Student e-mail _____

Parent/Guardian (one) _____

Parent's e-mail (one) _____

Address _____

City/State/Zip _____

Home phone _____ Work _____ Cell _____

Parent/Guardian (two) _____

Parent's e-mail (two) _____

Phone/Address (if different) _____

***Please mark the best form of communication**

If I, as parent/Guardian cannot be reached in an emergency you may call:

Name _____ phone # _____

I give my child(ren) _____ permission to attend events and activities with Our Redeemer Lutheran Church High School programs. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Our Redeemer Lutheran Church, its agents, employees or representatives the permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary or appropriate by the Our Redeemer Lutheran Church representative.

I give permission to those administering emergency treatment to do so using those measures deemed necessary or appropriate. I absolve Our Redeemer Lutheran Church, its agents, employees or representatives from liability in acting on my behalf for the benefit of my child.

PARENT/GUARDIAN'S SIGNATURE _____ Date signed _____

This authorization will be valid for one year from date signed and will be kept on file and taken on any youth activity during that year. Each year, we will have you renew this authorization.

I also understand that my child's/my picture may be taken during their time at Our Redeemer and used on our website or newsletter. No name will be associated with a published picture except with expressed consent.

I give permission and consent for Our Redeemer Lutheran Church to photograph my child during various supervised activities, to be used to illustrate, report, promote and share our programs and events. Use of any such photographs or video may include, but is not limited to, brochures, posters, letters, news articles, videos, ads and our website.

PARENT/GUARDIAN'S SIGNATURE _____ Date signed _____

YOUTH SIGNATURE _____ Date signed _____

YOUTH MINISTRY DIRECTOR'S SIGNATURE _____ Date signed _____

PARENT/GUARDIAN'S SIGNATURE _____ Date signed _____