

REGISTRATION & PERMISSION FORM
ST. PAUL YOUTH
JEFFERSON MD. 21755

Full Name: _____ Nickname _____

Address: _____

Home Phone: _____ Date of Birth: _____

Mother's Name: _____ Day Phone: _____

Cell Phone: _____ Night Phone: _____

Father's Name: _____ Day Phone: _____

Cell Phone: _____ Night Phone: _____

Medical Insurance Co.: _____

Policy #: _____ Group #: _____

Doctor's Name: _____ Phone #: _____

Medicines you are taking: _____

Medicine you cannot take: _____

Allergies: _____

Health problems or conditions: _____

Have you had a tetanus shot last 3 years? (Yes / No)

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Youth's Full Name: _____

YOUTH MINISTRY GUIDELINES:

- 1) Enjoy yourself.
- 2) Youth will respect the authority of each adult involved in Youth Ministry. In the event that this respect is not given, parents will be immediately informed.
- 3) In light of spiritual focus of Youth Ministry, only appropriate music will be played on trips and gatherings. The use of any personnel listening devices will be at the discretion of the Youth Leader.
- 4) T-shirt messages are to be wholesome, if it's questionable, do not wear it.
- 5) Enjoy holding hands! No draping, hanging on, sitting on, or kissing between couples.
- 6) Use trash containers provided! All groups will clean the vehicles and facilities before the trip or event is over.
- 7) For your safety, do not wander the halls or parking lots. Please be at all scheduled activities you are involved in. (Parents will be notified by the Youth Director of any infractions of this rule.)
- 8) We will lift each other up, not put others down.
- 9) No tobacco products, alcohol, or other controlled substances. Any infraction of this rule will mean the trip or event is over for the whole group. Please do not test us on this.
- 10) Enjoy yourself.

Youth Signature _____ **Date:** _____

GENERAL PERMISSION STATEMENT:

I hereby give permission for the child above, to attend activities sponsored by or conducted in connection with Youth Ministry at St. Paul Lutheran Church, and to travel to or in conjunction with such sanctioned program and activities, and agree that the Church, the Church Staff and volunteers accompanying any group participating in the Youth Ministry sponsored activity or trip shall not be liable for any damage or injury that the child may sustain during such activity or trip.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation cost.

MEDICAL EMERGENCY STATEMENT:

I authorize the staff of Youth Ministry and the volunteers who assist with the group to arrange and emergency medical care should care ever be required. I hereby give permission to the medical personnel selected by the Youth Ministry Staff to order X-Rays, routine tests and treatment in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Youth Ministry Staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the child named above.

Signature of Parent or Guardian

Date