

**Calvary Lutheran Church**  
**Youth Registration**  
(Please complete one form for each child in your family)

**Student Information:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*Last First Middle*

Student's Grade in School (or year they will enter Kindergarten): \_\_\_\_\_

Is the student a member of Calvary? [ ]Yes [ ]No

Has the student received instruction for their 1st Communion? [ ]Yes [ ]No

**Family Information:**

Parents/Guardians with whom student resides:

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you a member of Calvary? [ ]Yes [ ]No

Would you consider volunteering to assist in our Youth program? [ ]Yes [ ]No  
(Many volunteers are needed to do a variety of things including teaching and/or assisting with a class; donating supplies; donating snacks.)

Where can you be reached during the education hour? \_\_\_\_\_

**Emergency and Other Information:**

Please list person, other than the parents, who has permission to pick up your child (be aware that identification may be requested for the safety of the children):

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

Allergies/Concerns (including drug allergies) \_\_\_\_\_

Special needs or disabilities: \_\_\_\_\_

I *give* or *deny* (*circle one*) permission for my child's picture, if taken during this time, to be used in future promotional material.

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

*Date* \_\_\_\_\_

**Completed Medical Release Form on back is required.**

# MEDICAL RELEASE

## *Confidential Information*

I understand that in the event of emergency or if any medical or surgical care becomes necessary for (student's name), \_\_\_\_\_ every attempt will be made to contact their parent or legal guardian.

If I am not available, I grant those in charge of the event authorization to secure medical attention as recommended by a licensed physician. We agree to pay all medical costs involved in such an emergency. We release and discharge the Evangelical Lutheran Church in America and/or its representatives (Calvary Lutheran Church) involved in this event from any liability whatsoever in exercising this permission.

Signature of Legal Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian: (please print) \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone:( ) \_\_\_\_\_ Evening Phone:( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_

Emergency contact (other than parent or guardian): \_\_\_\_\_

Daytime Phone:( ) \_\_\_\_\_ Evening Phone:( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone:( ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Are all required immunizations current? [ ]Yes [ ]No

Date of last tetanus shot: \_\_\_\_\_

Current medication: \_\_\_\_\_

***We want to serve the needs of your child to the best of our abilities. If your child has any special needs that you would like us to be aware of to make your son/daughter's experience an enjoyable one, please contact the church office at (253) 839-0344***