

Registration/Permission form for YPOG Students

Name of Student _____

Address _____ City _____ State _____ Zip _____

Phone _____ **Age** _____ **Birth Date** _____

Grade ____ School Attending _____ **Email** _____

Activities Involved in:

Hobbies:

Allergies/Medical Condition _____

Parent/Guardian _____

Address (if different from above) _____

CELL # _____ and WORK # _____ **Email** _____

Second Parent Name: _____ Cell #: _____

Emergency Contact Person _____ Phone _____

Relationship to minor: _____

Insurance (please attach copy of insurance card on the back)

Health Plan Carrier: _____ ID# _____

Name of Primary Holder: _____ Birth Date: _____

Group # _____ Expiration Date _____

Family Doctor: _____ Office Phone: _____

Family Dentist: _____ Office Phone: _____

Image Usage Permission

I hereby give permission for the image of the minor _____ under my guardianship to be taken at St. Matthew Lutheran Church and youth group events (includes photograph and video). I also give permission for these images and videos to be used in church newsletters, any promotional or marketing material, church presentations, YPOGS Group facebook page and St. Matthew Lutheran church website/facebook page on the Internet, unless otherwise noted*.

By signing below I understand that some images may be located on the Internet and can be seen by people around the world. For security reasons, only first names will be used, unless otherwise noted*.

Parent or guardian signature _____ Date: _____

*Note

Permission Slip

I give my Permission for my child, _____, to participate in fellowship and servant events. I understand all of the events may not be on the church property. I will be notified of the event and the location prior to the event. I also give Permission for my child, _____ to get transportation in church van or another adult leader’s vehicle to and from fellowship and servant events. I release and forever discharge St. Matthew Lutheran Church, their staff, agents, directors, trustees, employees, and other representatives from any and all damages and causes of action at law or in equity that the minor child may have as a result of my child’s participation in, attendance at, and travel to and from events. I authorize, in case of an emergency and I am unable to be reached, permission for a representative of St. Matthew Lutheran Church to seek the closest emergency treatment facility if my child, _____, is in need of care.

Parent/Legal Guardian Signature _____ Date _____