

## Annual Children and Youth Ministry Registration and Permission Form

We are an intentional Christian community. We welcome all children, youth and others who are attending or participating in our ministries.

This form is to be completed each year by parents/guardians of children and youth attending Atonement ministries. One form is to be completed for each child/youth.

Child's name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex (M or F) \_\_\_\_ Current age \_\_\_\_\_ Grade level \_\_\_\_\_

Parent/guardian name (print) \_\_\_\_\_

Home phone \_\_\_\_\_ Emergency phone/cell \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/guardian name (print) \_\_\_\_\_

Home phone \_\_\_\_\_ Emergency phone/cell \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency contact person** \_\_\_\_\_ # \_\_\_\_\_

Health insurance co & policy/group number \_\_\_\_\_

In the event that a parent/guardian is not available please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

At the end of each event, I authorize the following individuals to pickup/retrieve my child:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

If there is anyone to whom Atonement should **NOT RELEASE** this child/youth, please provide their name, relationship, description and any other necessary information \_\_\_\_\_

Please tell us about any medical conditions (medications, surgeries, serious illness, disease, activity limitations, etc.) or allergies (medical, dietary, environmental, etc.) that Atonement needs to be aware of. Attach additional paper if necessary. \_\_\_\_\_

### Parent/guardian Certification:

- It is expected that children and youth will be respectful and courteous to all adult leaders and to their peers.
- I understand that if there is a conflict between my child and the staff or volunteers which cannot be satisfactorily resolved, I will be required to have my child transported home at my expense. This could include but is not limited to my child's possession or intentional misuse of any controlled substances (including tobacco and alcohol, prescription and nonprescription medication.)
- I have received a copy of the **Safe Haven Policies and Procedures for Atonement Lutheran Church** and I agree to abide by their contents.
- I agree to provide Atonement Lutheran Church with any changes in any information listed above as soon as it is available.
- As a parent/guardian I agree to assume individual responsibility for my children while on the premises of Atonement Lutheran Church.
- As a parent/guardian, I have discussed with my child Safe Haven behaviors, etc. They know who they can talk to and understand from whom to seek help if they feel unsafe or uncomfortable.
- For events held at the church, I agree to remain on the premises or in reasonable proximity, or to be available by phone.

**Parent/Guardian Permission & Medical Release**  
**Atonement Lutheran Church**

As the parent/guardian for \_\_\_\_\_ I give permission to attend all child or youth functions of Atonement Lutheran Church beginning September 1, \_\_\_\_\_ through August 31, \_\_\_\_\_. I authorize a representative of Atonement Lutheran Church to take such action as deemed necessary for the care, welfare, and health of my child, including giving the consent for medical treatment and to receive emergency medical treatment including surgery as needed.

- I understand the volunteers or staff will try to contact me as soon as possible in the event of an emergency.
- I hereby agree to indemnify and hold harmless Atonement Lutheran Church, Denver, Colorado, and its representatives from any medical expense or claims of any nature.
- I understand that I am responsible for any charges for medical expenses that may be incurred.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Media Release:** I, the individual or parent/guardian of \_\_\_\_\_, give permission to use, publish, or disclose newsletters, brochures, periodicals, posters, websites, or other media related vehicles, any photographs, videos, audios, and any other material in which I or my child have appeared, spoken, written, or otherwise been represented.

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **NO**

\_\_\_\_\_  
Signature of participant or parent/guardian if under age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness (not related to above signor)

\_\_\_\_\_  
Date

# Atonement Lutheran Church VBS

Led by the team at Sky Ranch Lutheran Camp

“Shine”

July 15<sup>th</sup> – 19<sup>th</sup>, 2019

Mon - Thurs 9:00am - 3:00pm

Fri. 9:00am - 12:00pm

## Registration Form *(due by June 28th)*

Child's Name: \_\_\_\_\_

*Please use 1 form per child*

Grade Completed \_\_\_\_\_ Home Church: \_\_\_\_\_

My child would like to be with their friend: \_\_\_\_\_

**Classes for 3 year olds (by Sept. 15) through 5<sup>th</sup> grade (based on year completed)**

### Note for parents of younger children:

Your child must be completely potty-trained or in pull-ups to attend VBS.

*\*Please attach payment of \$30 per child/ \$35 per family.*

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Indicate if you would like to help    \_\_\_ bring supplies/materials    \_\_\_ set up /or take down

Other \_\_\_\_\_