

Youth Registration Form, 2008/2009

Trinity Lutheran Church, Mount Joy PA

My child is registering for the following programs at Trinity Lutheran Church:

- Sunday School Youth Group (BOLD programs) Music Ministries (choirs, praise band)

Youth's Name: _____ Birth date: _____

Grade in School: _____ Youth's Email: _____

Youth's IM: _____ Youth's Cell Phone: _____

Father's Name: _____ Mother's Name: _____

Father's email: _____ Mother's email: _____

Father's cell: _____ Mother's cell: _____

Home Phone: _____

Home Address: _____

The best way to usually reach me: _____
During Sunday School During Youth Group (BOLD programs) During Music Ministries

Emergency contact: (name, phone) _____

Medical Permission

My child, _____ has my permission to participate in youth events at Trinity Lutheran Church, Mount Joy PA. In the event that I can not be found, permission is given to have treatment in a medical facility as deemed necessary.

Allergies: _____

Medication being taken: _____

Medical Insurance Carrier: _____

Policy Number: _____

Parent or Guardian Signature: _____

Date: _____

Other information we may need to know about your child:

PHOTO RELEASE– 2008/2009 Youth Year

Name of Youth: _____

Youth Group (circle one): Preschool K-2 3-5 Junior High Senior High

I, parent or guardian of above-named child,

- permit
 do not permit

Trinity Lutheran Church, Mount Joy PA to use my child's photo for promotion and activities including the church website, PowerPoint presentations, posters, brochures and advertisements.

Signed by: _____ (parent /guardian)

Date: _____