

Our Savior's Lutheran Church

Youth Group Contact Form

Date _____

About You	
First name	
Middle name	
Last name	
Nickname	
Gender	
Best Phone to Reach you	
Your Cell phone (if any)	
Your e-mail (if any)	
Your Web page (if any)	
Grade Level at September 2011	
Date of Birth (MM/DD/YYYY)	
Where You Live and Your Adults <i>(some folks have more than one home and more than one or two adults -- fill out all that apply to your life)</i>	
Primary or 1st Home (if you split time equally, pick one)	
1 st Home address	
1 st Home phone	
1 st Home e-mail	
What adults responsible for you live at the 1st home?	
Adult name	
Relationship to you	
Cell Phone	
Adult name	
Relationship to you	
Cell Phone	
Secondary or 2nd Home (if you live at one home all the time, skip this stuff)	
2 nd Home Address	
2 nd Home Phone	
2 nd Home email	
What adults responsible for you live at the 2nd home?	
Adult name	
Relationship to you	
Cell Phone	
Adult name	
Relationship to you	
Cell Phone	

What you're pretty good at (everyone's pretty good at some things)			
Things I'm interested in (that make sense to put on a Church Youth Group form)			
Medical Emergency Information			
Doctor's name			
Address			
Phone number			
Blood type			
Medical conditions			
Allergies			
Activity and Dietary Restrictions			
Current medications (You and your adult guardians are responsible to keep us updated if they change)			
Emergency Contact Information			
First person we should call who is legally empowered to authorize treatment			
Relationship			
Address			
Phone number(s)			
Second person we should call who is legally empowered to authorize treatment			
Relationship			
Address			
Phone numbers(s)			
Parent or Guardian Part			
<p>Parent or Guardian – at Our Savior's, our youth groups engage in any number of activities on our church campus and off. Sometimes a youth gets injured. We need to ask for some information in case your kid gets hurt and we can't reach you or they need treatment fast. We also need you to agree that you won't sue us -- ever. Please carefully read and fill out the following parts of this form.</p>			
Health Insurance Information			
Company issuing policy covering youth			
Policy #			
Group/Member#			
Phone #			

Emergency Medical Consent:

Should any accident or illness occur while my child is engaged in an Our Savior's Lutheran Church youth group activity, the undersigned hereby gives consent for any and all medical treatment deemed appropriate and necessary by the attending medical professional. It is understood that reasonable effort will be made to contact the undersigned and/or the people listed in the Emergency Contact Information section of this form prior to instituting treatment, but that treatment will not be withheld if the undersigned is unavailable or otherwise not contacted.

General Release From Liability, Waiver And Indemnity Agreement
(please read carefully)

The undersigned hereby expressly releases Our Savior's Lutheran church, its Pastor, Director of Youth and Family Ministries, parent chaperones, officers, leaders, and membership (hereinafter the "Church") from any and all liability arising from, or in connection with any activity associated with Church youth groups, whether caused by negligence or otherwise. The undersigned further agrees not to sue or maintain any action arising from the minor or on behalf of the minor, the undersigned agrees to indemnify the Church and hold it harmless. The undersigned understands that this Release constitutes a complete waiver and is given freely in consideration of the minor's participation in the aforementioned activities/outings. The undersigned represents that he or she is the custodial parent or guardian of the minor named below, and is empowered to make this release and indemnification on behalf of all parents and guardians of the minor.

Minor's Name _____

Parent/Guardian Signature _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Work/Cell _____