

Saint Andrew's Lutheran Church

YOUTH REGISTRATION

2650 148th Avenue SE
Bellevue, WA 98007

425-746-2529
<https://SALC.church>



SCHOOL YEAR:

Today's Date:

FAMILY INFORMATION

Parent/Legal Guardian 1

Parent/Legal Guardian 2

First and Last Name

Primary Phone

Secondary Phone

Email

Address

City

Zip

Emergency Contact #1

Emergency Contact #2

Name

Phone

Physician

Insurance Carrier

Name

Company

Phone

Policy/Group#

PERMISSIONS AND RELEASES

PICK-UP: In addition to the Parents/Guardians and Emergency Contacts named above, the following people have permission to pick up ANY CHILD NAMED BELOW from Saint Andrew's activities. If someone not listed will be picking up my child/ren, I/we will provide written permission before the activity begins.

Authorized Pick-up

Authorized Pick-up

First and Last Name(s)

Primary Phone

Secondary Phone

MEDICAL RELEASE: *This consent form gives permission to seek whatever medical attention is deemed necessary for ANY CHILD NAMED BELOW, and releases Saint Andrew's Lutheran Church and its staff of any liability against personal losses of named child/ren. * See page 6 for full medical release.*

Agree

Disagree

PARTICIPATION RELEASE: *I/we, legal guardian(s) of ALL CHILDREN NAMED BELOW, permit them to take part in all Saint Andrew's activities, and I understand that submitting this form is the equivalent of signing a paper registration form.*

Agree

Disagree

continue to next page

CHILD INFORMATION

Complete the information below for each child in your family.

CHILD 1

First and Last Name

Preferred Name/Nickname

Child email

Cell Phone

Birth Date

Grade in Fall of School Year

Gender (optional) Male Female Non-binary Other:

Preferred Pronouns (optional)

Name of School

School District

Please list any allergies or medical conditions:

Use this optional space below to describe any pertinent medical or safety information that we need to know. This might be details about allergies or medical conditions (listed above) or prescription or treatment information. It could also include information on individuals such as former guardian(s) or relative(s) who do not have permission to be around your child.

CONTACT PERMISSION:

*I give permission for Saint Andrew's staff to contact THE CHILD NAMED ABOVE (**Child 1**) via*

Text Email Phone Call

PHOTO RELEASE: *I give permission for individual or group photographs, video footage, and sound recordings of THE CHILD NAMED ABOVE (**Child 1**) to be used, free of compensation, by Saint Andrew's Lutheran Church, the Northwest Washington Synod, and the Evangelical Lutheran Church in America for historical and/or promotional purposes and in publications (print and online) including, but not limited to, the VOICE newsletter, emails, Saint Andrew's website, Saint Andrew's blog pages, church bulletin boards, other Saint Andrew's and/or Lutheran publications, and on social networking sites (such as Facebook, Instagram, etc.)*

Photo Permission Given Photo Permission Denied

continue to next page to enter additional child/ren

When complete, SAVE form to your computer and email it to info@SALC.church or print and return it to the church office

CHILD INFORMATION

Complete the information below for each child in your family.

CHILD 2

First and Last Name

Preferred Name/Nickname

Child email

Cell Phone

Birth Date

Grade in Fall of School Year

Gender (optional) Male Female Non-binary Other:

Preferred Pronouns (optional)

Name of School

School District

Please list any allergies or medical conditions:

Use this optional space below to describe any pertinent medical or safety information that we need to know. This might be details about allergies or medical conditions (listed above) or prescription or treatment information. It could also include information on individuals such as former guardian(s) or relative(s) who do not have permission to be around your child.

CONTACT PERMISSION:

*I give permission for Saint Andrew's staff to contact THE CHILD NAMED ABOVE (**Child 2**) via*

Text Email Phone Call

PHOTO RELEASE: *I give permission for individual or group photographs, video footage, and sound recordings of THE CHILD NAMED ABOVE (**Child 2**) to be used, free of compensation, by Saint Andrew's Lutheran Church, the Northwest Washington Synod, and the Evangelical Lutheran Church in America for historical and/or promotional purposes and in publications (print and online) including, but not limited to, the VOICE newsletter, emails, Saint Andrew's website, Saint Andrew's blog pages, church bulletin boards, other Saint Andrew's and/or Lutheran publications, and on social networking sites (such as Facebook, Instagram, etc.)*

Photo Permission Given Photo Permission Denied

continue to next page to enter additional child/ren

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CHILD INFORMATION

Complete the information below for each child in your family.

CHILD 3

First and Last Name

Preferred Name/Nickname

Child email

Cell Phone

Birth Date

Grade in Fall of School Year

Gender (optional) Male Female Non-binary Other:

Preferred Pronouns (optional)

Name of School

School District

Please list any allergies or medical conditions:

Use this optional space below to describe any pertinent medical or safety information that we need to know. This might be details about allergies or medical conditions (listed above) or prescription or treatment information. It could also include information on individuals such as former guardian(s) or relative(s) who do not have permission to be around your child.

CONTACT PERMISSION:

*I give permission for Saint Andrew's staff to contact THE CHILD NAMED ABOVE (**Child 3**) via*

Text Email Phone Call

PHOTO RELEASE: *I give permission for individual or group photographs, video footage, and sound recordings of THE CHILD NAMED ABOVE (**Child 3**) to be used, free of compensation, by Saint Andrew's Lutheran Church, the Northwest Washington Synod, and the Evangelical Lutheran Church in America for historical and/or promotional purposes and in publications (print and online) including, but not limited to, the VOICE newsletter, emails, Saint Andrew's website, Saint Andrew's blog pages, church bulletin boards, other Saint Andrew's and/or Lutheran publications, and on social networking sites (such as Facebook, Instagram, etc.)*

Photo Permission Given Photo Permission Denied

continue to next page to enter additional child/ren

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CHILD INFORMATION

Complete the information below for each child in your family.

CHILD 4

First and Last Name

Preferred Name/Nickname

Child email

Cell Phone

Birth Date

Grade in Fall of School Year

Gender (optional) Male Female Non-binary Other:

Preferred Pronouns (optional)

Name of School

School District

Please list any allergies or medical conditions:

Use this optional space below to describe any pertinent medical or safety information that we need to know. This might be details about allergies or medical conditions (listed above) or prescription or treatment information. It could also include information on individuals such as former guardian(s) or relative(s) who do not have permission to be around your child.

CONTACT PERMISSION:

*I give permission for Saint Andrew's staff to contact THE CHILD NAMED ABOVE (**Child 4**) via*

Text Email Phone Call

PHOTO RELEASE: *I give permission for individual or group photographs, video footage, and sound recordings of THE CHILD NAMED ABOVE (**Child 4**) to be used, free of compensation, by Saint Andrew's Lutheran Church, the Northwest Washington Synod, and the Evangelical Lutheran Church in America for historical and/or promotional purposes and in publications (print and online) including, but not limited to, the VOICE newsletter, emails, Saint Andrew's website, Saint Andrew's blog pages, church bulletin boards, other Saint Andrew's and/or Lutheran publications, and on social networking sites (such as Facebook, Instagram, etc.)*

Photo Permission Given Photo Permission Denied

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MEDICAL RELEASE: *This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Saint Andrew's Lutheran Church (hereafter named "the Church") and its staff of any liability against personal losses of named child/ren.*

I/we, parents/legal guardians named above, have legal custody of ALL CHILDREN NAMED BELOW, a minor(s), and have given consent for them to attend events being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we release the Church, its pastor, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our children's involvement. In the event that our child/ren is injured and requires the attention of a doctor and all efforts to contact me/us are unsuccessful (in a life threatening emergency, parents/ guardians are the secondary contact -- 911 is the primary call), I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health information and health insurance information provided is accurate at this time and will, to the best of my/our knowledge, still be in force for the children named below. I/we also agree to bring my/our child/ren home at my/our own expense should they become ill or if deemed necessary by a church representative.