



2020/2021 KIDzone Registration/Permission Form

*Shepherd
of the Hills
Lutheran Church*

& Liability Waiver

- Prior to participation both sides of this form are required to be filled out completely
- Please read carefully and print clearly
- One form per youth

Youth's Name (first, **middle**, last): _____
 Grade (20/21): _____ Gender: _____ School Attending: _____
 Birth date: _____ Baptized? _____ Taken First Communion? _____

Family Information:

Parent/Guardian _____
 Street Address _____

 City _____ St _____ Zip _____
 Home Phone (____) _____
 Work Phone (____) _____
 Cell Phone (____) _____
 Email _____

Parent/Guardian _____
 Street Address _____

 City _____ St _____ Zip _____
 Home Phone (____) _____
 Work Phone (____) _____
 Cell Phone (____) _____
 Email _____

Emergency Contact OTHER THEN PARENT, to be used if parents cannot be reached (List two with phone numbers):

Emergency Contact #1: _____ Phone: _____
 Emergency Contact #2: _____ Phone: _____

Medical Information: (All information is required and will be kept confidential)

Special Medical Concerns, Medications being taken, Allergies (especially to food or medications), Any other medical information your child's adult leader should know:

Primary Doctor: _____ Phone: _____

Preferred Hospital: _____

Insurance Company: _____ Policy/ID #: _____

Does your child have an IEP or a 504 Plan? If so please, indicate anything on it that would be important for your child's adult leader to know:

KIDzone Parent Involvement: I am interested in serving in these ways during the 2020-2021 KIDzone year (as parent(s)/guardian(s) you play a significant role in your child's faith life):

_____ KIDzone Small Group Leader _____ KIDzone Small Group Sub
 _____ KIDzone Event Chaperone _____ Other: _____

*Volunteers in these areas will need to have a background check completed and attend a Safe Child Training. These volunteers will not be called upon until we are able to gather safely in classrooms. Please, talk to Pastor Brice with any questions about this.

Parent/Guardian Agreement

I, _____, grant permission for my child, _____
 Parent or Guardian’s name (Print) Child’s name

to participate in the below named event(s). In consideration of my child’s participation, I agree to hold harmless Shepherd of the Hills Lutheran Church, staff, and volunteers from any claims or lawsuits brought against Shepherd of the Hills Lutheran Church, staff, and volunteers by myself, my child, or others.

Event:	KIDzone meetings and events
Date of Event:	September 2020—August 2021
Individual(s) in Charge:	Staff: Pastor Brice Bloxham, Jilene Ylonen, Koreann Frankhouser, Pastor Renee Patterson, Sister Tashina Good –and— Shepherd of the Hills Adult Volunteers (With up-to-date Background Checks)

I/we understand God intends the family to be the primary means of teaching and modeling what it means to know, love, and follow Jesus Christ.

I /we give permission for Shepherd of the Hills Lutheran Church to use, publish, or disclose in newsletter, brochures, posters, website, or other media-related vehicles, any photographs, videos, audios, or other material in which my child may have appeared, spoken, or written, or otherwise been represented. No names shall be attached to any media used without prior permission.

I/We, as the parent(s) and/or legal guardian(s) of the above-named minor, hereby authorize a representative of Shepherd of the Hills Lutheran Church to act on my/our behalf in obtaining and authorizing unexpected emergency medical, dental, surgical and/or hospital care for the minor in my absence from September 1, 2020 through August 31, 2021.

 Parent/Guardian signature

 Date

 Parent/Guardian signature

 Date

This form will be valid for ALL KIDZONE meetings and group events. All participating youth and friends will need to have a completed form on file with Children’s Ministry at Shepherd of the Hills Lutheran Church.