

Shepherd Of the Hills Summer Ministries

Registration Form

Additional forms can be picked up from the church office or downloaded from Shepherd's Web site,
shepherdshoreview.org



Parent(s)/Guardian(s) : _____

Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____ Cell Phone(s): _____

E-Mail(s): _____

Emergency Contact—Other than parent or guardian

Name & Relationship: _____ Emergency Phone #: _____

Youth/Child's Name _____

Date of birth _____ Grade (fall 2021) _____

- Attending Vacation Bible School—Children
- Attending Vacation Bible School—Youth Volunteer
- Participating in Summer Musical Camp
- Participating in Summer Musical Camp—Youth Volunteer

Youth/Child's Name _____

Date of birth _____ Grade (fall 2021) _____

- Attending Vacation Bible School—Children
- Attending Vacation Bible School—Youth Volunteer
- Participating in Summer Musical Camp
- Participating in Summer Musical Camp—Youth Volunteer

Please list any physical or mental health conditions, limitations, restrictions or allergies your child(ren) has:

Youth/Child's Name _____

Date of birth _____ Grade (fall 2021) _____

- Attending Vacation Bible School—Children
- Attending Vacation Bible School—Youth Volunteer
- Participating in Summer Musical Camp
- Participating in Summer Musical Camp—Youth Volunteer

Youth/Child's Name _____

Date of birth _____ Grade (fall 2021) _____

- Attending Vacation Bible School—Children
- Attending Vacation Bible School—Youth Volunteer
- Participating in Summer Musical Camp
- Participating in Summer Musical Camp—Youth Volunteer

COMPLETE OTHER SIDE

Medical Information

Physician's Name: _____ HMO/Clinic Name: _____ Phone: _____

Preferred Hospital: _____ Medical Insurer & Policy #: _____

Medical Information/Release Form

All events and programing are volunteer led with a staff person present. In the event of an illness, my child(ren), _____, I hereby offer consent to any adult chaperone of a Shepherd of the Hills Lutheran Church Event to seek medical assistance on his/her behalf. My child(ren) has permission to ride in the vehicle of the staff or chaperone. In addition, I hereby agree to release, hold harmless and indemnify Shepherd of the Hills Lutheran Church and its staff, officers and chaperones from any and all liability either for any claims or causes of action which might result from this or any subsequent child/youth activity or trip.

I hereby give my consent for emergency medical care in my absence. Care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child.

A photocopy of this authorization shall be as valid as the original.

I give permission for Shepherd of the Hills 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.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Make checks payable to:

Shepherd of the Hills Lutheran Church

Bring completed form and payment to the church office, or mail to:

Shepherd of the Hills Lutheran Church, 3920 North Victoria Street,
Shoreview, MN 55126

COMPLETE OTHER SIDE