



# 2020/2021 Youth Ministry Registration/Permission Form & Liability Waiver

*Shepherd  
of the Hills  
Lutheran Church*

- 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: \_\_\_\_\_  
 Youth's cell: \_\_\_\_\_ Youth's Email: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Baptized? \_\_\_\_\_ Taken First Communion? \_\_\_\_\_

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

Youth's Name (first, **middle**, last): \_\_\_\_\_  
 Grade (20/21): \_\_\_\_\_ Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_  
 Youth's cell: \_\_\_\_\_ Youth's Email: \_\_\_\_\_  
 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—Please indicate which child)

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

\_\_\_\_\_  
 \_\_\_\_\_  
 Family 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: \_\_\_\_\_  
 \_\_\_\_\_

***Student Covenant—***

**All Youth:** I will consistently attend and contribute to the youth events I make commitments to attend and stay up-to-date with other commitments (including retreats, service projects, and small group nights). I accept full responsibility for my choices and behavior.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

***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:	Onsite and Virtual Youth Events
Date of Event:	September 1, 2020—August 31, 2021
Individual(s) in Charge:	Staff: Pastor Renee Patterson, Sister Tashina Good, Pastor Brice Bloxham, Jilene Ylonen, Joe Trucano —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 agree to hold my/our child accountable to the commitments and expectations listed in the Confirmation Handbook and to the above Covenant they have signed.

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 Confirmation and High School youth group events and retreats. All participating youth and friends will need to have a completed form on file with the staff at Shepherd of the Hills Lutheran Church.



**Shepherd of the Hills Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Shepherd of the Hills has put in place preventative measures to reduce the spread of COVID-19; however, Shepherd of the Hills cannot guarantee that you or your family members will not become infected with COVID-19. Further, attending Shepherd of the Hills could increase your risk and your family’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family and I may be exposed to or infected by COVID-19 by attending Shepherd of the Hills and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Shepherd of the Hills may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees and program participants and their families.

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless Shepherd of the Hills Lutheran Church, its employees, agent and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service or activity.

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Print Name of Minor Family Members (if any):

_____	_____
_____	_____
_____	_____
_____	_____