

Affirmation of Baptism 2018-2019

Club 78 Youth Registration

7th Grade

Youth Information

Name:	Gender:	
Address:	City:	Zip:
Medical Information: Please list allergies, medications, medical considerations, special needs, etc.	Birth Date:	Baptized: Yes No
	Interests and Hobbies:	
School:	List one student you would like to be with:	

Parent/Guardian Information

Parent/Guardian 1 Name:		
Address:	City:	Zip:
Employment/Job:		
Email:	Cell Phone:	
Parent/Guardian 2 Name:		
Address:	City:	Zip:
Employment/Job:		
Email:	Cell Phone:	
Member of Trinity: Yes No, Member at _____ Interested in Membership		
Email Address to Use: Parent/Guardian 1 Parent/Guardian 2 Both		
Phone number to call first? Parent/Guardian 1 Parent/Guardian 2		
Emergency Contact Name (other than parent/guardian):	Phone Number:	

Medical Information

Do you have medical insurance? Yes No	Insurance Company:
Group Number:	ID Number:

Please complete back of form as well.

Release Information

Media Waiver and Release

I consent to my child being photographed, interviewed, and/or videotaped by representatives of Trinity Lutheran Church and/or media outlets (newspaper, T.V. stations, etc.). Trinity Lutheran Church uses photos of children in congregational publications to share information about Trinity. Any images obtained may be reproduced by Trinity and/or public media for use in advertising, publicity, or educational activities. Trinity publications include but are not limited to: the website, advertisements, annual reports, posters, banners, bulletin boards, and other public relations materials. I hereby waive any claims I may have, and release Trinity Lutheran and its employees from liability of claims arising out of such activities.

- Yes, my child may be photographed, interviewed, or videotaped/recorded for media use.
- No, my child may not be photographed, interviewed, or videotaped/recorded for media use

Consent Form

As legal parent(s)/guardian(s), I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by Trinity Lutheran Church. I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnoses or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnoses or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my (our) child to return home prematurely for medical, legal, behavior, or other reasons, the undersigned shall assume all expenses involved. The undersigned also gives permission for my (our) child to be a passenger in any vehicle that has appropriate insurance coverage and is driven by appropriate persons as designated by Trinity Lutheran Church of Eau Claire, WI. Students may be dropped off and picked up at church doors #1 or #2 on Trimble Street. The undersigned indicates that I (we) acknowledge and understand that I (we) have made arrangements for my (our) child's safe trip home.

Parent/Guardian Signature: _____

Affirmation of Baptism Fee:

- \$35.00 fee payable to Trinity Lutheran Church by September 1.
 - \$25.00 fee **per student** for families with 2 or more students in grades 7, 8, or 9.

For Office Use Only:

Date	Amount	Check # or Cash	Initials