



Hope Lutheran Youth

3525 Rogers Rd
Wake Forest, NC 27587
919-554-8109
www.hopelutheranwf.org

Hope Lutheran Church
Youth Ministry
Registration/Waivers for
2011/2012

Student Information: (Youth 5th grade - 12th grade)

Student's Name: _____ Birth date: _____

Address: _____ City & Zip Code: _____

Home phone #: _____ Cell phone #: _____

Grade & School: _____ Student email: _____

Have you been Baptized? Yes ___ No ___ Have you been Confirmed? Yes ___ No ___

List any chronic condition/illness: _____

List any allergies and severity of reactions: _____

Anything else leaders should know: _____

Parent/Guardian Information:

Father's Name: _____

Address (if different from above): _____ City & Zip Code: _____

Home phone #: _____ Work/Cell phone #: _____

Mother's Name _____

Address (if different from above): _____ City & Zip Code: _____

Home phone #: _____ Work/Cell phone #: _____

Would you like to receive Youth Ministry updates by email? Yes ___ No ___

Family email: _____

Student(s) live with: Both Parents ___ Dad ___ Mom ___ Grandparents ___ Guardian ___ Other ___

Emergency Contact (if parents are unavailable)

Name: _____ Relation to youth _____

Home phone: _____ Cell Phone: _____

(Please continue on next page)

All information will be kept confidential and in a secure location.

Student Media Waiver

I hereby give permission for my student(s) _____
to be filmed or photographed by Hope Lutheran Church. If my student's picture is used for any
media publication (TV, newspaper or the church web-site), no names will be used.

Yes No

Parent or Guardian Signature: _____

Liability

Every activity sponsored by Hope Lutheran is adequately supervised; however, unforeseen events
can occur. By signing this form, I agree to assume and accept all risks and hazards in related
activities. I also agree not to hold Hope Lutheran, its employees and volunteers liable for
damages, losses or injuries to the person or property undersigned.

Parent or Guardian Signature: _____

Medical Release

I authorize professional medical personnel (i.e. doctors, nurses, paramedics, etc.) to provide
emergency medical aid to my child _____.

Insurance Company & Policy Number: _____

Notary: _____ Date: _____

SEAL:

Please return completed signed forms to the church office.