



REGISTRATION FORM 2016-2017

Grade as of **Fall 2016** _____

Student Name:

First _____ Middle (we will need it for Confirmation Certificate) _____ Last _____

Preferred Nickname _____

Preferred mode of communication: ___cell call ___text ___Facebook ___email

Home Address _____

City _____ State _____ Zip _____

Date of Birth _____ Circle One: Male Female

School attending in **2016-17** _____

Parents/Guardians _____

Address (If different from above): _____

Parent/Guardian Phone Numbers:

Home _____ Mom Cell _____

Student Cell _____ Dad Cell _____

E-mail Addresses (*please print clearly*)

Parent _____

Student _____

Has your student been baptized? (Circle one) Yes No

If yes, where _____, year _____

Has your student received first Holy Communion with instruction and explanation regarding beliefs and purpose of Communion? Yes No

Are you a member of Messiah? (Circle one) Yes No

If no, please indicate below:

___ We are members at _____

___ We are looking for a church home and would like more information about Messiah Lutheran Church.

\$100 Participation Contribution - Requested toward program expenses which include student bibles, program curriculum, Confirmation supplies, student retreats, etc. Scholarships are available; please speak with one of our pastors. Our goal is to leave no child behind.

Office Use Only: ☐Paid ☐Unpaid Credit Card _____ Cash \$ _____ Check # _____ Date Rec'd: _____ Initials: _____



PERMISSION AND WAIVER

I. Permission to Participate

My son/daughter, _____ has my permission to attend the **Pathway Ministry Activities sponsored by Messiah Evangelical Lutheran Church**

Signature of parent/guardian _____ Date _____

Address _____

phone number _____

II. Waiver of Liability

In consideration of being accepted by Messiah Lutheran Church for participation in the **Pathway Ministry Activities sponsored by Messiah Evangelical Lutheran Church** I/we, being 21 years or older, on behalf of _____ do hereby agree to hold harmless from, indemnify, and defend against, including the payment of attorney's fees, Messiah Lutheran Church, its officers, pastors, and volunteers, including volunteers pertaining to the above trip or activity, any and all claims, liability, allegations of personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever that may be incurred by the undersigned and/or child participant that may occur while said child is participating in the above-described trip or activity.

Furthermore, I/we, on behalf of my/our child participant hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in the recreation and work activities involved herein.

Signature of parent/guardian _____ Date _____

III. Medical Authorization

I understand that in the event of an incident that the supervisors deem serious and/or life threatening with my child, I give full authorization to them to give my child the immediate medical attention he/she needs. I understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission and full authorization to the supervisors to secure the services of a licensed physician to provide the necessary care, including anesthesia, to hospitalize, and to order injections, or surgery for the above.

Signature of parent/guardian _____ Date _____

Medical Insurance Company/policy # _____

Any important medical conditions or allergy _____

IV. Photo Release

I grant permission to Messiah Evangelical Lutheran Church of Wauconda, IL ("Messiah") and its agents/assignees to display or publish in print or electronic form any photos, audio recordings, or videos taken of me or my child during a Messiah event. This usually includes the Voice Newsletter, Messiah website, Facebook, etc.. I agree to release and hold harmless Messiah and any of its agents from and against any claims, damages, or liability arising from or related to the use of the photographs and/or recordings.

Signature of parent/guardian _____ Date _____

OR

I do not grant permission to Messiah Evangelical Lutheran Church of Wauconda, IL to use photos or videos of my child at any time without my verbal or written consent.

Signature of parent/guardian _____ Date _____

V. Emergency Contact Information

Please list at least **three** emergency contact names, including cell phone numbers.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____