



PARTICIPANT RELEASE FORM

Student Ministries Department

Shepherd of the Valley Lutheran Church
14107 Hudson Road South
Afton, Minnesota 55001
651.436.8248

STUDENT AGREEMENT

The following are guidelines and expectations of the Student Ministry at Shepherd of the Valley Lutheran Church. These need to be understood and accepted before participating in any event or activity. Please read through completely and if any guidelines and expectations are unclear or unreasonable, please contact the Student Ministry Staff prior to leaving for the event.

- I will respect others and their property and the property that we are using during our event.
- I understand that I am part of a Christian community.
- I will be an active participant and be on time for all activities and group meetings.
- I will respect staff and leaders.
- I will not bring or use drugs, alcohol or tobacco during any event or Shepherd of the Valley sponsored activity.
- I will not engage in inappropriate sexual conduct.

I have read the above expectations and I will make a commitment to follow them during the event. I understand that I may be sent home as a result of illness or discipline problems.

_____	_____
Student Signature	Birth Date
_____	_____
Print Name	Grade

PARENT PERMISSION

- I give my child permission to participate and be transported and supervised by Shepherd of the Valley Student Ministry Staff and leaders. I understand that if my child is dismissed from an event, it will be my responsibility to transport my child from the event.*
- I understand that my child will be participating in physical activities and may not always be supervised by an adult. I give permission for an adult leader to seek emergency medical care for my child if needed.*
- I give permission to use photos of my child on website and printed materials. (Optional)*

_____	_____
Parent or Guardian Signature	Date
_____	_____
Home Phone	Secondary Phone
_____	_____
Emergency Contact	Emergency Contact Phone

HEALTH INSURANCE INFORMATION

(Please supply information from your Health Insurance Card)

_____	_____
Date on Health Card	Health Insurance Telephone
_____	_____
Health Insurance Carrier	Health Insurance Card ID Number
_____	_____
Health Insurance Subscriber	Health Insurance Group ID

Medical Concerns _____