



# 2022-2023 PROGRAM YEAR REGISTRATION

This registration form should be completed for anyone participating in any Living Waters church activities including, but not limited to: nursery care (when offered), Sunday school, confirmation and Bible studies.

## SECTION 1: PARTICIPANTS

|                  |  |  |
|------------------|--|--|
| <b>HOUSEHOLD</b> | Family Name  |  |
|                  | Address  | City/State/Zip   |
|                  | Family Phone Number  | Family E-mail  |
|                  | Are you members of Living Waters? <input type="checkbox"/> YES <input type="checkbox"/> NO | If not, are you interested in becoming members? <input type="checkbox"/> YES <input type="checkbox"/> NO |

## ADULTS (18 and up)

|                |            |                         |   |   |
|----------------|------------|-------------------------|---|---|
| <b>ADULT 1</b> | First name |                         | Last name   |   |
|                | Cell Phone |                         | Receives text messages?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |
|                | E-mail     | Best way to communicate | <input type="checkbox"/> Text<br><input type="checkbox"/> E-mail                    | <input type="checkbox"/> Phone Call<br><input type="checkbox"/> Other |
| <b>ADULT 2</b> | First name |                         | Last name   |   |
|                | Cell Phone |                         | Receives text messages?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |
|                | E-mail     | Best way to communicate | <input type="checkbox"/> Text<br><input type="checkbox"/> E-mail                    | <input type="checkbox"/> Phone Call<br><input type="checkbox"/> Other |

## CHILD INFORMATION (Ages 3-12 or through 5<sup>th</sup> grade)

|                |               |                 |                |  |   |
|----------------|---------------|-----------------|----------------|--|---|
| <b>CHILD 1</b> | First name    |                 | Last name      |  | Any allergies/<br>medical concerns?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><small>If yes please describe in Section 3</small> |
|                | Date of Birth | School Attended | Grade Entering |  |   |
| <b>CHILD 2</b> | First name    |                 | Last name      |  | Any allergies/<br>medical concerns?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><small>If yes please describe in Section 3</small> |
|                | Date of Birth | School Attended | Grade Entering |  |   |
| <b>CHILD 3</b> | First name    |                 | Last name      |  | Any allergies/<br>medical concerns?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><small>If yes please describe in Section 3</small> |
|                | Date of Birth | School Attended | Grade Entering |  |   |
| <b>CHILD 4</b> | First name    |                 | Last name      |  | Any allergies/<br>medical concerns?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><small>If yes please describe in Section 3</small> |
|                | Date of Birth | School Attended | Grade Entering |  |   |

**YOUTH (Ages 13-18 or 6<sup>th</sup>-12<sup>th</sup> grades)**

|                |                    |                |   |  |   |
|----------------|--------------------|----------------|---|--|---|
| <b>YOUTH 1</b> | First name         |                | Last name   |  |   |
|                | Youth's Cell Phone |                | Receives text messages?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |
|                | School Attended    | Grade Entering | Best way to communicate   | <input type="checkbox"/> Text<br><input type="checkbox"/> E-mail | <input type="checkbox"/> Phone Call<br><input type="checkbox"/> Other |
| <b>YOUTH 2</b> | First name         |                | Last name   |  |   |
|                | Youth's Cell Phone |                | Receives text messages?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |
|                | School Attended    | Grade Entering | Best way to communicate   | <input type="checkbox"/> Text<br><input type="checkbox"/> E-mail | <input type="checkbox"/> Phone Call<br><input type="checkbox"/> Other |
| <b>YOUTH 3</b> | First name         |                | Last name   |  |   |
|                | Youth's Cell Phone |                | Receives text messages?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |
|                | School Attended    | Grade Entering | Best way to communicate   | <input type="checkbox"/> Text<br><input type="checkbox"/> E-mail | <input type="checkbox"/> Phone Call<br><input type="checkbox"/> Other |

**SECTION 2: EMERGENCY CONTACT**

|       |        |              |
|-------|--------|--------------|
| Name: | Phone: | Relationship |
|-------|--------|--------------|

**SECTION 3: ALLERGIES / DIETARY RESTRICTIONS / OTHER MEDICAL INFORMATION**

If you checked "yes" to any allergies/medical concerns for any of the children in your household, please describe here. This information will be shared with the leadership.

If any youth or adults in your household have allergies, dietary restriction or other medical conditions that church leadership should be aware of, please describe:

**SECTION 4: RELEASES & SIGNATURES**

LIABILITY RELEASE: I/we give consent for my/our family to participate in the Education Ministry at Living Waters Lutheran Church. I/we understand the nature of these events and do hereby release Living Waters from any liability due to accident or injury incurred by my/our family. I/we further agree to release and hold Living Waters, and its agents, or anyone acting on its behalf, free and harmless of any claims, demands, or suits arising from their conduct to the full extent permitted by Minnesota Law in conjunction with any event or related travel, including the authorization and provision of medical treatment.

PHOTO RELEASE: I/we give consent for Living Waters to take and use photos of my/our family in any Living Waters publication and/or social media outlet. I/we understand I/we can revoke these permissions at any time, by notifying the church office, in writing of my/our request.

\_\_\_\_\_

Date

\_\_\_\_\_

Adult Signature