

Bay View Lutheran Youth: Health & Registration Form

This form should be completed for **each** young person participating in youth ministry.
The gathered information is confidential and will be treated accordingly.

SECTION A – YOUTH

1 FIRST NAME	MIDDLE INITIAL	LAST NAME	
2 STREET	CITY	STATE	ZIP CODE
3 CELL PHONE	4 DATE OF BIRTH	5 YEAR IN SCHOOL	
6 GENDER	7 EMAIL ADDRESS		

SECTION B – HEALTH/MEDICAL

8 DETAILS OF ANY REGULAR MEDICATION
9 DETAILS OF ANY ILLNESS WE NEED TO KNOW ABOUT (EG DIABETES, ASTHMA)
10 DETAILS OF ALLERGIES
11 DETAILS OF CONCERNS THAT COULD INFLUENCE PARTICIPATION (EG WATER/HEIGHT/OPEN SPACES)
12 DETAILS OF DIETARY REQUIREMENTS

SECTION C – YOUTH AGREEMENT

While participating in Bay View Lutheran Youth events and activities, I will:	
<ol style="list-style-type: none">1. Respect other young people.2. Respect all leaders.3. Respect Church values.4. Respect the property.5. Respect myself.	
13 SIGNATURE	14 DATE

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SECTION D – PARENT / GUARDIAN

Please include *all* parent/guardians

15 FIRST NAME (S)		LAST NAME(S)		
16 STREET		CITY	STATE	ZIP CODE
17 TELEPHONE NUM BERS		18 RELATIONSHIP TO YOUTH		
CELL PHONE		19 EMAIL ADDRESS		
CELL PHONE				

SECTION E – EMERGENCY CONTACT

In case of emergency, please contact

20 FIRST NAME		LAST NAME		
21 STREET		CITY	STATE	ZIP CODE
22 CELL PHONE		23 EMERGENCY CONTACT RELATIONSHIP TO YOUTH		

Bay View Lutheran Church staff and volunteers are committed to meeting the needs and safety of all our youth.

If you have any special concerns, please speak with Donna Van Ramshorst, Director of Faith Formation.

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SECTION E – PARENTAL AUTHORIZATION

Please initial after each statement and sign at bottom if you agree.

Emergency Medical Authorization

In the event of unsuccessfully contacting me at _____ AND the emergency contact listed above, I hereby give my consent to the physician selected by the Pastor to ensure proper treatment for my child named above. This authorization does NOT cover major surgery unless the medical opinions of two licensed physicians or dentists are obtained prior to the performance of such surgery. _____

Behavioral Pickup Consent

I consent to allow my youth to participate in Sunday School, Confirmation, and/or High School Youth Group at Bay View Lutheran Church. Should my youth partake in disruptive behavior, I agree to pick my youth up upon notice. _____

Photo Media Release / Social Media Authorization

I grant permission for photographs / video to be taken during youth group to be used for church publicity purposes. _____

Driving Authorization

I grant permission for youth leaders to drive my young person in vehicles provided they have a current registration and driver's license. _____

20 SIGNATURE

21 DATE

SECTION F – PARENTAL INVOLVEMENT

I/we are interested in being involved in the following way(s):

Please circle all that apply

Sunday School volunteer

Confirmation mentor

Youth Board member

Learning Board member

Middle school trip adult leader (will involve overnights)

High school trip adult leader (will involve overnights)

Fundraising

Providing snacks

Other (please specify below)