

2019-2020 Hope Teens Registration

Student Information

Youth Name:	(First)	(Middle)	(Last)
Preferred Name:			Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Birth Date:		Age:	
Mailing Address:	(Address)		(City) (Zip)
Email Address:			
Home Phone:		Other Phone:	
School		Grade:	

Guardian Information

	Mother/Guardian	Father/Guardian
First/Last Name:		
Home Phone:		
Cell Phone:		
Work Phone:		
Email Address:		
Home Address:		
City/State/Zip		

List any individual who is NOT allowed to pick up your child:

Ministry Information

Registering for: *Check all that apply	<input type="checkbox"/> Wednesday Confirmation (1st/2nd year) <input type="checkbox"/> Sunday Hope Teens (9 th -12 th Grade) <input type="checkbox"/> Wednesday Hope Teens (7 th -12 th Grade)
Interested in:	<input type="checkbox"/> Other: Retreats/Special Events/etc (All Ages)

Medical Information

Physician Name:	
Physician Phone:	
Med. Insurance Co:	
Insurance Policy #:	
Allergies:	
Other health/behavior information or special needs: (use back if necessary)	

My child has permission to walk home: Yes No

The above student has my permission to attend all activities sponsored by Hope Lutheran Church from September 2016 through August 2016. I have read and understand the Discipline Policy on the back of this page.

I also grant Hope Lutheran Church to take and use: photos, digital images, or other media of my child for use in promotional materials as printed publications, materials, electronic publications, or Web sites. All negatives, prints, digital reproductions shall be the property of HLC.

I understand that there are inherent risks involved in any ministry or athletic activity, and I release HLC, it's pastors, employees, and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my student's involvement. In the event he/she is injured and requires attention of a doctor, I consent to any reasonable medical treatment from a licensed physician, understand I will be accountable for the cost of any necessary medical treatment.

My signature indicates my agreement to the above information and statements: _____ Parent/Guardian Signature _____ Date _____

Discipline Policy:

1st Offense=Child/teen will lose points, sit out of an activity, or receive other discipline deemed appropriate by ministry leaders.

2nd Offense=Parents will be contacted and child/teen may be suspended from ministry activities for a period of time.

*Severe misconduct is defined as behavior that puts the child or another person in immediate danger or causes disruption to the point where class/program cannot continue and will be result in child's immediate removal from the ministry activity. Child will be welcomed back after the suspension provided he/she is ready to respect the rules of the ministry.