

5th Grade Youth Group

Registration Form
2017/2018

Name _____ Grade _____

Address _____

Home phone number _____ Cell phone _____

Parent's names _____

Parent E-mail address _____

Student E-mail address _____

Emergency contact name _____

Emergency contact phone number _____

Allergies _____

Waiver: I authorize the above child to participate in 5th Grade Youth Group at Hope Lutheran Church. I authorize emergency medical treatment for the above child provided that I cannot be reached. I give permission for the above child to be videotaped/photographed for Hope Lutheran Church to use in their brochures, newsletters, worship presentation and media communication (i.e. Hope's website and Facebook page). By signing, you accept this waiver.

Parent/Guardian Signature: _____ Date: _____

We, the undersigned, agree to abide by the rules of Hope Lutheran Church. The students will respect the pastor, staff, volunteers, other students, as well as the building and property of our church. We understand that if there is misbehavior, there will be one verbal warning, a second offense will result in a phone call from the pastor to the parents. A third offense will require a conversation with the pastor. Parents may be asked to attend youth group with their child, or possibly leave their child at home. It is a privilege to participate in 5th Grade Youth Group at Hope Lutheran Church, and everyone is expected to behave accordingly.

Student _____ Parent _____

***** Please include the registration fee of \$20 per student to cover the cost of supplies. The registration fee will be waived for students whose parents serve as group leaders or on the planning team for fellowship and service activities. Make check payable to Hope Lutheran Church. Thank you for your support! *****

Office Use Only	Date Received _____	Fee: \$ _____	Cash _____	Check _____
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