

2025-26

High School Ministry

Registration Form

St. Peter Lutheran Church

Student's Name: _____

Birth date: _____ Age _____ Grade _____ Gender _____
Month Date Year

Which forms of communication work best for your family?

Newsletter _____ E-mail _____ Text _____ Phone call _____ Letter _____ Other _____

Home Address: _____
Street City Zip

School District: _____

Home Phone # _____ Student Cell # _____ Text? Yes ___ or No ___

Student Email: _____

Best time to reach Me (the student) at home? _____

What activities are you interested in participating in?

- _____ Youth Group Nights with Bible Study / Worship
- _____ Youth Group Nights with Fellowship / Games
- _____ Youth Group Service Nights / Service Events
- _____ Serving in roles during weekly worship (reading, communion server, tech, etc.)
- _____ Special Events / Youth Retreats
- _____ Summer Mission Trip / Youth Service Trip
- _____ High School Ministry Planning Team

Parent/Guardian Name _____ Email _____

Phone: _____ Cell Phone _____

Best time to reach Me (parent) at home/cell/ or work? _____

Would you like to serve as a volunteer with our High School Students?

- _____ High School Ministry Planning Team
- _____ Volunteer for High School Ministry nights
- _____ Help Prepare and Serve Meal(s)
- _____ Special Events / Retreats

Parent/Guardian Name _____ Email _____

Phone: _____ Cell Phone _____

Best time to reach Me (parent) at home/cell/or work? _____

Would you like to serve as a volunteer with our High School Students?

- _____ High School Ministry Planning Team
- _____ Volunteer for High School Ministry nights
- _____ Help Prepare and Serve Meal(s)
- _____ Special Events / Retreats

Address (if different than above) _____

Communications will go to both parents, unless you advise us differently.

Please complete reverse side



Youth Medical Release and Consent Form

St. Peter Lutheran Church, Prairie du Chien, Wisconsin

Note: Please, attach a photocopy of your (or your child's) Insurance Card, thank you!

Youth Name: _____ Date of Birth: _____

Emergency Contact Name: _____

(Individual needs to be someone other than the child's parents/guardians who can be contacted if the parents/guardians cannot be reached in the event of an emergency.)

Emergency Contact's Phone: (day) _____ (cell) _____ (evening) _____

Emergency Contact's Relationship to the child: _____

Medical Insurance Carrier: _____ Policy Number: _____

Person with Primary Coverage: _____ Hospital Preference: _____

Family Physician: _____ Physician's Phone: _____

List any allergies: (food, medications, latex, insect stings, etc.) _____

Is your child currently taking any medication? _____ if yes, please list: _____

Please list any medical conditions or concerns that would affect treatment for your child: _____

Are there any known conditions that would prevent your child from participating or engaging in any activities or events? _____

Authorization to Consent to Medical Treatment

I, We, the parents or legal guardians of _____, a minor, hereby authorize St. Peter Evangelical Lutheran Church personnel to seek medical attention that may be necessary in emergency situations should they be unable to contact parents/guardians. I, We, hereby, consent to any medical treatment or care deemed necessary by medical personnel or hospital staff. The expense of such treatment is agreed to be the sole obligation of the undersigned, and St. Peter Evangelical Lutheran Church is hereby released from responsibility to pay for such services rendered. We further agree that the Church, Church Council, Church staff and Church volunteers are relieved of all liability in the event of accident or injury.

Participation and Image Consent

I/We give my consent for _____ to attend and participate in the customary youth activities at St. Peter Evangelical Lutheran Church, 201 South Michigan Street, Prairie du Chien, WI and off property activities sponsored by the Church. I understand that there will be adult supervision at each event. I further understand that certain youth activities (such as the Mentor Program) may present times when a lone adult is present with a minor. I give my consent for my name, phone number, and email address to be shared with other high school ministry families for the purposes of communications for high school ministry events.

I/We do _____ do not _____ give my consent for photographs and video images of my child to be used on the St. Peter website, St. Peter Facebook page, classroom videos/posters, church services and/or church publications.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Please list anything else you feel the pastors should be aware of (physical, emotional, or spiritual issues, family history, school & learning conditions) that would be a benefit to us as we relate to your child. Are there accommodations that would be helpful for your child? If so, please explain. *St. Peter's Pastor and high school ministry volunteers will receive a copy of this registration and release form. This information will be shared with other St. Peter staff on a need-to-know basis only.*