

**2024-25**

**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.*