



Christ Our Shepherd Lutheran Church

Participation Form 2011-2012 for Children, Youth & Family Ministries

Please complete one form per child/teen. Complete and **sign in blue ink.**

Return to the church with applicable payment. Thank you.

CHILD / TEEN INFORMATION This form contains new information for the church:

LAST NAME		FIRST NAME			
NICKNAME		STREET ADDRESS			
CITY		STATE	GA	ZIP	
DATE OF BIRTH		GRADE		GENDER	<input type="checkbox"/> Female <input type="checkbox"/> Male
DATE & LOCATION OF BAPTISM		YOUTH CELL PHONE # & EMAIL			

PARENT or LEGAL GUARDIAN INFORMATION

LAST NAME		FIRST NAME			
<i>PROVIDE ADDRESS INFORMATION IF DIFFERENT FROM ABOVE</i>		STREET ADDRESS			
CITY		STATE	GA	ZIP	
HOUSEHOLD EMAIL				HOME NUMBER	
PARENT CELL PHONE NUMBER				EMERGENCY CONTACT & NUMBER	

CHILD / TEEN WILL PARTICIPATE IN THE FOLLOWING:

<input type="checkbox"/> CHILDREN'S SUNDAY SCHOOL (age 3 – 5 th grade) 9:40 am SUNDAYS	NO CHARGE	<input type="checkbox"/> MUSIC & THE MASTER (M&M) WED - 4 pm– 5 pm (1st - 5 TH GRADE)	\$35 PER CHILD PER YEAR
<input type="checkbox"/> MIDDLE SCHOOL BIBLE STUDY 9:40 am SUNDAYS	NO CHARGE	<input type="checkbox"/> CHERUB CHOIR WED - 4:30 – 5 pm (PRE K-Kindergarten)	\$15 PER CHILD PER YEAR
<input type="checkbox"/> HIGH SCHOOL BIBLE STUDY 9:40 AM SUNDAYS	NO CHARGE	<input type="checkbox"/> LOGOS CONFIRMATION WED - 6:00 – 8:15 P.M. (6 TH – 8 TH GRADE)	\$145 PER TEEN PER YEAR
<input type="checkbox"/> New! 2nd Wednesdays SHEPHERD'S FLOCK KIDS GROUP 2 nd Wed. 5 pm– 6 pm (4yr - 5 TH)	\$ TBA	<input type="checkbox"/> HIGH SCHOOL L.O.F.T. WED - 6:00 – 8:15 P.M. (9 TH -12 TH GRADE)	\$ TBA

Scholarships may be available for families with significant financial need. Please contact a staff member for information.

<input type="checkbox"/> I DO	<input type="checkbox"/> I DO NOT	I do/do not give permission for my child's name and picture to appear in church printed publications, local newspapers, Church website and social media sources. I may contact the church office to ask an individual picture be removed at any time.
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PARENT/GUARDIAN SIGNATURE (PLEASE USE BLUE INK)	DATE
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Christ Our Shepherd Lutheran Church

2011-2012 PARENTAL CONSENT TO TREAT A MINOR (please sign in blue ink)

This form is to be completed annually and filed at the church.

A copy may be taken on each COS sponsored trip.

Being the parent or legal guardian of the minor named on this form, I consent to any x-ray, anesthesia, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor. Further, **I understand that all efforts will be made to contact me prior to treatment.** In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor. I further understand that the doctors, dentists, and other providers attending to my minor will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my minor. Any policy of the church or organization sponsoring the event will be used as secondary coverage.

Should it be necessary for my minor to return home from an event due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Please check here to indicate you have read the information above.

PARENT or LEGAL GUARDIAN MEDICAL INSURANCE INFORMATION			
LAST NAME OF INSURED		FIRST NAME OF INSURED	
SIGNATURE OF INSURED (BLUE INK)		DATE OF BIRTH OF INSURED	
RELATIONSHIP TO MINOR		INSURANCE CARRIER	
GROUP NUMBER		MEMBER ID.	
EMPLOYER		INSURANCE CARRIER CUSTOMER SERVICE NUMBER	
INSURED'S CELL PHONE NUMBER		EMERGENCY NUMBER <small>IF DIFFERENT FROM CELL PHONE</small>	
PHYSICIAN'S NAME		PHYSICIAN'S PHONE NUMBER	

Please list any allergies or medical concerns (e.g. food allergies, diabetes, asthma, etc.) or special needs (e.g. physical limitations, learning differences, medications, etc.).

Please attach any other information about this minor we should know. Check if attaching information