



2017 Youth of Ebenezer Registration and Permission Form

Ebenezer Lutheran Church
2111 -117th Ave. NE Lake Stevens, WA 98258
(425) 334-0421
<http://www.ebenezerlakestevens.org> Also on Facebook

Please complete *both sides* of this form and turn in to the acting youth coordinator.

Student Name: _____
 Address: _____ City: _____ Zip: _____
 Birth Date: _____ School : _____ Grade: _____
 Student E-mail: _____ Student Cell Phone: (____) _____
 Confirmed at Ebenezer? Y N At another church? _____ Not yet _____
 Baptized Y N Not yet _____

Please list some personality traits or special needs/challenges that you think may be helpful for us to know while working with you (this information will be kept confidential – access will be to leaders only)

Parent/Guardian 1: _____ Work Phone:(____) _____ Cell Phone: (____) _____
 Parent/Guardian 2:: _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Family or Parent E-mail : _____ Home Phone: (____) _____
 Emergency Contact (other than parent): _____ Phone: _____
 Family Physician _____ Phone _____
 Insurance Company _____ Policy # _____
 Allergies (Food, Drug, other, none): _____

(Please notify us if any of the above information changes.)

I plan to participate in the following Ebenezer programs/activities:

- _____ **MS/HS Youth of Ebenezer sponsored events**
- _____ **MS/HS Fellowship**
- _____ **Synod Youth events (for example Middle School GO Night, HS May Youth Weekend)**
- _____ **I am interested in joining the Executive Youth Committee**

I hereby give permission for _____ to participate in all events that the Youth of Ebenezer or Ebenezer Lutheran Church sponsor for the period of today's date through **December 31, 2017.**

I hereby release Ebenezer Lutheran Church and its representatives from all liability in the event of accident or injury. In the event that I am not readily available I, the natural parent or guardian, authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician. Such treatment will only be taken when advisable by a physician to safeguard my child's health. It is understood that every effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

<OVER>

Participant Covenant of Conduct

(To be completed by the youth and their parent/guardian)

In all activities under the sponsorship and/or guidance of my church, I am a representative of the Christian community and I am responsible for my actions. I know God loves me. I will live a life in response to that love. I understand the guidelines below are ways of being responsible and loving.

- 1) I will respect the property of others, the facility, and the world around me.
- 2) I will not use drugs, alcohol, tobacco, or weapons of any kind while participating in a church or youth group function, nor will I be in possession of them.
- 3) I will respect the adults that are with my group and the adults that are involved with the planned activity.
- 4) I will agree to treat each person with dignity and respect, and will not verbally or physically harm another person.
- 5) I will participate to my fullest ability.

My child and I understand there are limited cell phones or electronics allowed at youth retreats and other events and these items are to be put away during teaching times and other activities, as requested by the leaders.

Participant (youth):

I, _____, understand these guidelines are necessary to ensure a safe, Christ-centered event, and I will follow them out of respect. Should I choose not to follow them, I understand that I agree to accept the consequences decided upon by the ministry leader(s), including parent notification and possible removal from activity.

Signature of youth _____ **Date** _____

Parent/Guardian:

I / We, _____, have reviewed this covenant with my/our child and understand it. I/We support the ministry leaders and will be responsible for expenses incurred as a result of our child breaking the covenant.

Signature of Parent/Guardian _____ **Date** _____

Many times we produce event communication materials in which we try to include event photographs. We may take pictures of participants for these materials such as newsletters, Ebenezer's website, and event flyers. For privacy purposes we would like your permission to print your picture in these various materials. By initialing the bolded statement below you give this permission. Any questions can be directed to any of the acting youth coordinators.

I hereby irrevocably consent to and authorize the use and reproduction of any and all photographs taken of me by Ebenezer Lutheran Church and/or event volunteers for any purpose whatsoever without compensation to me. All negatives and positives, together with the prints, shall solely and completely constitute the property of Ebenezer Lutheran Church I understand that the use of the pictures is not guaranteed. _____ (Parent/Guardian Initial)

-OR-

____ I do not allow any picture of me or my youth to appear in any publication/media whatsoever.