



# BLAST & CLUB 456 Registration 2021-22

886 North Shore Dr. Forest Lake, MN 55025 651-464-3323

## **BLAST & CLUB**

**456 WILL FOLLOW THE CONFIRMATION SCHEDULE.**

Name of Participant \_\_\_\_\_ Gender M F

Address \_\_\_\_\_ Best Phone# \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (2020-21) \_\_\_\_\_

Is your family Faith Lutheran Church members Y N If not, are you interested in membership? Y N

Parents/Guardian \_\_\_\_\_

Phone# \_\_\_\_\_ Best Email Address\* \_\_\_\_\_

**\*Please provide an e-mail address as this is our primary source of communication on a weekly basis throughout the year.**

Emergency Contact Name (other than parent) \_\_\_\_\_

Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Health Insurance Information: Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Please indicate below any medical needs or other information that the staff should be aware of:**

Allergies (such as insects, medications, food or other food concerns) \_\_\_\_\_

Health conditions (asthma, diabetes, chronic condition, physical restrictions, ) \_\_\_\_\_

Anything else we should know \_\_\_\_\_

### PARENT INVOLVEMENT

Would you be willing to:

- Help chaperone an event: Yes \_\_\_\_ No \_\_\_\_
- To be a substitute leader if needed: Yes \_\_\_\_ No \_\_\_\_

### Photo Release

While attending events hosted by Faith Lutheran Church pictures are often taken. These photos become an integral part of ministry here. Being conscious of the society in which we live, and for the safety and well being of all people involved, we have adopted the following photo policy:

- All photos will be taken in good taste and care will be given to photo composition
- Photos will only be used for the promotion of Faith Lutheran Church
- Photos will be used for in house purposes. (Bulletin Boards, Presentations, website, Facebook, and Posters with in the church) Photos appearing on the website or social media will not have names attached unless individuals tag themselves.
- All photos will be utilized in a manner that is age appropriate to those in the photo

If you are uncomfortable with photos of your student being used in accordance with these guidelines –Please check the box.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Authorization

I authorize my child to fully participate in Faith's Children's Ministry program. In the case a medical emergency arises and the emergency contact or myself cannot be reached by phone, I authorize Faith Lutheran Church and its agents to provide for my child.

I release Faith Lutheran Church and its agents, members or employees, for all liability for any accident, injury or claim arising from my child's use of its facilities, transportation or participation in any of its programs.

I take full responsibility for any financial cost, which may be incurred, for the care of my child including emergency transportation and hospitalization.

I release Faith Lutheran Church and all of its agents from any liability for lost, stolen or damaged articles.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_