



# Grace Youth

343 Grand Ave., Loves Park IL 61111  
815.633.8075 + Grace@gracelovespark.org

## Youth Group Registration

### And Waiver Form

Thanks for wanting to join Grace Youth Group! We are so excited to have you join all of the fun. It's important that we have some information so that we can keep you informed of all the fantastic things we have planned for this upcoming year as well as lay out expectations so that we are all on the same page. Please read the following information and print clearly and return this form to the office or download and type in your responses and email it to [GraceLPYouth@gmail.com](mailto:GraceLPYouth@gmail.com) as well as keep a copy for your records.

## Grace Youth ~ Responsibilities & Expectations ~ 2021-22

By signing below I acknowledge:

- I hold Grace free from any liability.
- I understand that by submitting this registration, my photo may appear in newsletters, social media and print material published by Grace for publicity purposes.
- Youth and their caregivers are responsible for reading emails, checking the Grace Youth Google Calendar, and contacting the office with any questions regarding deadlines for registration for events or for activities and fundraisers.
- We will follow current guidance for health and safety as determined by our council and local health departments.

Behaviors that show we are followers of Jesus, and promote an uplifting and supportive environment are expected.

These behaviors include:

- ✓ Respecting your peers, yourself, and adults through attentive listening, valuing others' opinions, keeping hands to self, and expressing kind words.
- ✓ Participation in class and special events each week through attendance, contributing to class discussions, and maintaining a positive attitude.
- ✓ Keeping focused during class, especially by storing cell phone in pocket. At times, students may be asked to use their phones for research.
- ✓ Knowing that drugs, alcohol, tobacco, tobacco-like products such as e-cigarettes, or any type of weapons are not allowed in the building or on the property or at any event regardless of location. The police will be contacted, should a student be found in possession of any of these items.

Full name of student: \_\_\_\_\_ Pronouns \_\_\_\_\_ Called \_\_\_\_\_  
Birthday: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Text? Yes / No \_\_\_\_\_  
Email address: \_\_\_\_\_ T-shirt size \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

Full name of student's caregivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Address: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Email address: 1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date Signed



# Grace Kids

343 Grand Ave., Loves Park IL 61111  
815.633.8075 + Grace@gracelovespark.org

## Grace Kids Registration

### And Waiver Form

Thank you for joining Grace Kids! We are so excited to have you gather with us to celebrate and learn together. It's important that we have some information so that we can keep you informed of all the events we have planned for this upcoming year as well as give you information so you know what is happening. Please read the following information and print clearly and return this form to the office or download and type in your responses and email it to [sleese@gracelovespark.org](mailto:sleese@gracelovespark.org) as well as keep a copy for your records.

## Grace Kids~ Responsibilities & Expectations ~ 2021-22

By signing below I acknowledge:

- I hold Grace free from any liability.
- I understand that by submitting this registration, my photo may appear in newsletters, social media and print material published by Grace for publicity purposes.
- Kid's caregivers are responsible for reading emails, checking the Grace calendar, and contacting the office with any questions regarding deadlines for registration for events or activities.
- We will follow current guidance for health and safety as determined by our council and local health departments.

Behaviors that show we are followers of Jesus, and promote an uplifting and supportive environment are expected.

These behaviors include:

- ✓ Respecting your peers, yourself, and adults through attentive listening, valuing others' opinions, keeping hands to self, and expressing kind words.
- ✓ Participation in what is going on and listening to directions.
- ✓ Being a helper, so that we can all work together for the good of the group.
- ✓ Knowing that drugs, alcohol, tobacco, tobacco-like products such as e-cigarettes, or any type of weapons are not allowed in the building or on the property or at any event regardless of location. The police will be contacted, should a student be found in possession of any of these items.
- ✓ There are times when we make a poor decision and need to be reminded of our goals. Verbal redirection will often bring us back, however, if someone needs more time and space to regroup a caregiver will be called.
- ✓ Remembering that God loves us, no matter what. Even when we mess up.

Full name of student: \_\_\_\_\_ Pronouns \_\_\_\_\_ Called \_\_\_\_\_  
Birthday: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Text? Yes / No \_\_\_\_\_  
Email address: \_\_\_\_\_ T-shirt size \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

Full name of student's caregivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Address: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Email address: 1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date Signed



# Grace Confirmation

343 Grand Ave., Loves Park IL 61111  
815.633.8075 + Grace@gracelovespark.org

## Confirmation Registration

### And Waiver Form

We are so excited to get together and ask big questions and dig into our faith! We are glad to have you join all of the fun. It's important that we have some information so that we can keep you informed of class times and all the events we have planned for this year. We also need to lay out some expectations so that we can have the best class experience possible. Please read the following information, print clearly and return this form to the office or download and type in your responses and email it to [GraceLPYouth@gmail.com](mailto:GraceLPYouth@gmail.com) as well as keep a copy for your records.

## Grace Confirmation ~ Responsibilities & Expectations ~ 2021-22

By signing below I acknowledge:

- I hold Grace free from any liability.
- I understand that by submitting this registration, my photo may appear in newsletters, social media and print material published by Grace for publicity purposes.
- Youth and their caregivers are responsible for reading emails, checking the Grace Youth Google calendar, and contacting the office with any questions regarding deadlines for registration for events or for activities and fundraisers.
- The cost of materials for this class is \$50.00 and will cover both years of instruction.
- Confirmation Camp, Mission Trip or equivalent, 20 service hours per year (40 total), and a final project are expected.
- We will follow current guidance for health and safety as determined by our council and local health departments.

Behaviors that show we are followers of Jesus, and promote an **uplifting and supportive** environment are expected.

These behaviors include:

- ✓ Respecting your peers, yourself, and adults through attentive listening, valuing others' opinions, keeping hands to self, and expressing kind words.
- ✓ Participation in class and special events each week through attendance, contributing to class discussions, and maintaining a positive attitude.
- ✓ Keeping focused during class, especially by storing cell phone in pocket. At times, students may be asked to use their phones for research.
- ✓ Knowing that drugs, alcohol, tobacco, tobacco-like products such as e-cigarettes, or any type of weapons are not allowed in the building or on the property or at any event regardless of location. The police will be contacted, should a student be found in possession of any of these items.

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Birthday: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Text? Yes / No \_\_\_\_\_  
Email address: \_\_\_\_\_ T-shirt size \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

Full name of student's caregivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Address: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Email address: 1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date Signed