

# Spirit of Joy Lutheran Church

## 2021 Annual Youth Ministry

### Registration/Release Form

(Please Print in Black Ink Pen)

#### Youth Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Male  Female  Non-Binary Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Youth Cell Number: \_\_\_\_\_ Youth Email: \_\_\_\_\_

Grade:  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Spirit of Joy Lutheran Church Member:  Yes  No

#### Parent or Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_ Home Number: \_\_\_\_\_

Spirit of Joy Lutheran Church Member:  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_ Home Number: \_\_\_\_\_

Spirit of Joy Lutheran Church Member:  Yes  No

Youth lives with:  Mother  Father  Stepmother  Stepfather

Other: \_\_\_\_\_

#### Emergency Contact Information: (Other than the Parent /Guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Health History and Information. Check if apply:****Allergies:**

Hay fever  
 Insect Stings  
 Penicillin  
 Peanuts / Nuts  
 Milk  
 Other: \_\_\_\_\_

**Diseases or Health Concerns:**

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear Tubes
<input type="checkbox"/> Mumps	<input type="checkbox"/> Seizures	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Contact Lenses
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Migraines	<input type="checkbox"/> Heart Murmur
<input type="checkbox"/> Measles	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eczema	

Other: \_\_\_\_\_

**Health Concerns/Behaviors or Details of Any Above:**

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Operations / Serious Injuries / Limitations (Date & Explanation): \_\_\_\_\_

Chronic / Recurring Illness: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Does youth have permission to take their medications on their own?  Yes  No

- *Medications must be turned into the Youth Leader at the beginning of the program.*
- *All medications are required by law to be sent in their original containers with the label from the pharmacy.*

<b>Medication Name</b>	<b>Dosage</b>	<b>Reason for Medication</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**You have my/our permission to give my youth the listed over-the-counter medications:****Yes/No****Medication & Reason**

<input type="checkbox"/> <input type="checkbox"/> Ibuprofen	
<input type="checkbox"/> <input type="checkbox"/> Children's Acetaminophen (Generic Tylenol)	
<input type="checkbox"/> <input type="checkbox"/> Acetaminophen (Generic Tylenol)	
<input type="checkbox"/> <input type="checkbox"/> Acetaminophen PM (Generic Tylenol PM)	
<input type="checkbox"/> <input type="checkbox"/> Antihistamine (Generic Allergy Medication)	
<input type="checkbox"/> <input type="checkbox"/> Pseudoephedrine Hydrochloride (Generic Sudafed)	
<input type="checkbox"/> <input type="checkbox"/> Diphenhydramine Hydrochloride Antihistamine (Generic Benadryl)	
<input type="checkbox"/> <input type="checkbox"/> Benzocaine/Menthol Anesthetic Lozenges (Sore Throat Medication)	
<input type="checkbox"/> <input type="checkbox"/> Tums	
<input type="checkbox"/> <input type="checkbox"/> Dramamine	
<input type="checkbox"/> <input type="checkbox"/> Loperamide Hydrochloride (Generic Anti-Diarrhea)	
<input type="checkbox"/> <input type="checkbox"/> Pepto-Bismol	
<input type="checkbox"/> <input type="checkbox"/> 1% Hydrocortisone Cream (Anti-Itch)	
<input type="checkbox"/> <input type="checkbox"/> Triple Antibiotic Ointment	
<input type="checkbox"/> <input type="checkbox"/> Other: _____	

Youth's Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Area Hospital of Choice: \_\_\_\_\_

**At this time, I am choosing not to provide medication/health information and understand by doing so that if in the future medical attention is delayed because of this choice I will not hold any staff or anyone involved in the activity responsible.**

**Insurance Information:**

Insurance Company: \_\_\_\_\_

Policy / ID Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

**Permission:**

- **I give permission for \_\_\_\_\_**, whom I am the legal guardian for; to participate in all events and all activities sponsored or held by Spirit of Joy Lutheran Church for the year of 2021.
- I give permission for photos/video/slide of my family members to be used in Spirit of Joy Lutheran Church literature, internet, or other public forum that spotlights the event/programs that we are participating in for the promotion of the church and its ministries.
- If any of the above information changes, I understand that it is my responsibility to notify the church.
- In case of emergency: I hereby give permission to the medical personnel selected by the church staff member to provide routine health care, to administer medications, to order x-rays, routine test, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physicians selected by the church staff/chaperone to secure and administer treatment, including hospitalization, for the person named above. Spirit of Joy Lutheran Church staff will make every attempt to notify you before making a doctor's appointment or an emergency room visit for your child while they are in our care. All minor medical needs will be cared for by the staff/chaperone without notification to the parent/guardian.
- As the parent/legal guardian of child named herein, I understand that the above listed insurance is the appropriate insurance to be used in the case of an emergency or accident where medical attention is required and any and all expenses beyond the insurance policy coverage will be the responsibility of the parent/legal guardian.

***I understand and will give my permission:***

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Behavior Standards and Expectations Guidelines for all Youth Events/Programs:**

The following policies have been established by Spirit of Joy for the safety of all participants, chaperones, and staff in accordance with the policies and mission of Spirit of Joy and the ELCA.

- The Spirit of Joy Youth Program has a zero-tolerance policy regarding the use of tobacco, alcohol, or other drugs not prescribed by a physician, by any youth or adult at an event/program. Use or possession of the substances will result in the notification of authorities and parent/guardian, respectively, in accordance with the law. It is the parent/guardian's responsibility to come and pick up their child at their expense.
- The Spirit of Joy Youth Program has a zero-tolerance policy regarding the use or possession of weapons (i.e. knifes, guns, laser pointers, fireworks, etc...) at any youth event/program. Use or possession of weapons will result in the notification of authorities and parent/guardian, respectively, in accordance with the law. It is the parent/guardian's responsibility to come and pick up their child at their expense.
- Participating youth involved in any illegal and/or inappropriate activity such as shoplifting, vandalism, physical sexual relations, sexual harassment or abuse, etc., will result in the notification of authorities and parent/guardian, respectively, in accordance with the law. It is the parent/guardian's responsibility to come and pick up their child at their expense.
- For events that start(depart) and stop(return) at church, no one under age of 21, may drive youth to or from any event taking place off the church property.
- For events in progress parent/guardian must make arrangements, in advance, with staff regarding the youth's transportation to or from the event.
- During hotel and retreat overnights, males and females will not be allowed in each other's rooms unless an adult chaperone is present. Males and females will have separate sleeping areas, either in separate rooms or on separate sides of the same large room. At no time will males and females be able to sleep in common areas without adult supervision.
- Any expenses incurred by a youth that are not a regular expense of the youth event (i.e. room service, telephone calls, videos, laundry, etc.) will be the financial responsibility of the youth and parent/guardian.
- In respect for others, youth are expected to refrain from public displays of affection, and actions that may make others feel uncomfortable. Youth that are dating should consider that they are models of appropriate behavior for a Christian Youth Group.
- Guests of youth are typically welcomed to attend events/programs. Guests must register prior to the event/program deadline using a registration form sign-up sheet and bring with them a copy of this permission slip/health form to the event. Guests must be registered for the event by the deadlines set for the event. At the staff discretion, a limit of one guest per member may be enforced.
- Clean language, respect toward others and behavior that represents our Christian faith and values, are expected of all youth and leaders at all Spirit of Joy Lutheran Church youth functions. If this guide is not followed, staff or chaperone/guide will discipline accordingly, which may result in a phone call to parent/guardian and/or sending youth home at the parent/guardian's expense.
- Gambling is inappropriate and will not be allowed.
- Deposits paid for youth events are non-refundable.
- When using our church, another church or public facility, we will strive to leave it in a cleaner than when we found it. We will treat all property with care and respect.

- On an event by event basis scholarships will be made available. Families should contact the Council Education Chair or the Pastor(s) for information and availability. It is the goal of the church, that all youth will be welcomed, regardless of financial need.
- Cell phones and electronic devices are permitted at any event/program by permission only.
- Youth are to arrive no earlier 15 minutes prior to an event/program starting and picked up no later than 15 minutes of event/program completion times.

**Insurance Policy & Accidents:**

- The church does not provide accident insurance for participants in any of its programs. All participants assume any and all inherent risk of injury from their involvement in the programs, outings and/or activities.
- Please report any accidents, injuries or unusual incidents immediately to the staff/chaperone present. The church assumes no responsibility for injuries received while participating in activities.
- Minor injuries such as superficial wounds are cleaned with soap and water. A band-aid or bandage is applied for protection and an ice pack will be added if needed. The church staff/chaperone will make an entry into first aid kit medical log and notify the parents accordingly.
- In the case of a serious accident or injury, the staff will provide first aid to the best of their ability and will contact EMS system by dialing 911 when immediate help is needed. The child will be assessed and as needed transported by professional medical personnel, according to need, to the appropriate medical facility for treatment. This medical information will accompany the child/participant. The staff will contact a parent or legal guardian or, if the parent or legal guardian cannot be reached, the alternate emergency contact person will be contacted. Attempts to contact the parents/guardians will continue as needed.
- A medical log for the church will be located by the first aid kit. Staff will record any injuries minor or severe, which occur to anyone while at church.

***I understand and will follow these guidelines:***

**Youth Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Please bring this completed form with you at the time of the event.