



2011-12 High School/Oasis Registration and Permission Form

10021 NE 124th St. Kirkland, WA 98034
(425) 823-2727 www.hslckirkland.org

Please complete **both sides** of this form and turn in to the registration slot in the church entryway (on the left side of the counter as you face the big bulletin board) in the "Registration Forms Here" under the counter.

Student Name: _____ Nickname: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ School : _____ Grade: _____

Student E-mail: _____ Student Cell Phone: () _____

Baptism Date: _____ HSLC Member? Y N

Please list some of your personality traits and/ or special needs/ challenges that may help us while working with you (this information will be kept confidential – access to leaders only)

Parent/Guardian 1: _____ Work Phone: () _____ Cell Phone: () _____

Parent/Guardian 2: _____ Work Phone: () _____ Cell Phone: () _____

Family E-mail : _____ Home Phone: () _____

Emergency Contact (other than parent): _____ Phone: _____

Family Physician _____ Phone _____

Insurance Company _____ Policy # _____

Regular medications: _____

Allergies (Food, Drug, etc.): _____

*Please notify us if any of the above information changes...

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

- ____ Oasis Youth Group (Gr 10- Age 20) ____ Sunday Morning Breakfast Club (Gr 7-12)
- ____ Oasis Leadership Team (Gr 9-12) ____ Oasis Events (Youth Nights, Lock-ins, etc) (Gr 9-12)

Holy Spirit Lutheran Church is committed to keeping children safe so we ask all adults volunteering in ministries with children and youth undergo a background screening. Our guidelines are outlined in a "Safe Haven" policy, available in our church office. We also ask you to attend a training session so you are familiar with this policy and have the opportunity to ask questions. Contact the church office for a schedule of upcoming classes or to register for the next class.

HSLC Official Use Only						
JUB _____	YA _____	BC _____	C-2013 _____	C-2012 _____	C-2011 _____	Church Windows _____

I hereby give permission for _____ to participate in all events that the Children, Youth & Family Ministries of Holy Spirit Lutheran Church sponsor for the period of today's date through August 30, 2012.

I hereby release Holy Spirit Lutheran Church and its representatives from all liability in the event of accidental 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.

Participant Covenant of Conduct
(To be completed by the youth)

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, or tobacco while participating in a church 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.

Participant:

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 & possible removal from activity.

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** _____

_____ (PARENT/GUARDIAN INITIAL) MY CHILD AND I UNDERSTAND THERE ARE NO CELL PHONES OR ELECTRONICS ALLOWED AT YOUTH RETREATS AND THESE ITEMS ARE TO BE PUT AWAY DURING TEACHING TIMES AND OTHER ACTIVITIES.

_____ (PARENT/GUARDIAN INITIAL) I GIVE MY PERMISSION TO HOLY SPIRIT LUTHERAN CHURCH TO USE PHOTOGRAPHS OF MY CHILD IN ITS PUBLIC DISPLAYS OR MEDIA RELEASES. I UNDERSTAND THESE PHOTOGRAPHS WILL NOT BE SOLD OR USED FOR COMMERCIAL PURPOSES.

_____ (PARENT/GUARDIAN INITIAL) I GIVE MY PERMISSION TO HOLY SPIRIT LUTHERAN CHURCH TO SEND MY CHILD TEXT MESSAGES RELATED TO HSLC EVENTS. I UNDERSTAND THIS CELL PHONE NUMBER WILL NOT BE SOLD OR USED FOR COMMERCIAL PURPOSES. PLEASE NOTE: IN ORDER TO TEXT YOUR CHILD, WE WILL NEED THE NAME OF YOUR CELL PHONE CARRIER _____.