

# Summer 2017 Peace Lutheran Church Disciples Unlimited Registration

## ***STUDENT INFORMATION***

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Student's Email: \_\_\_\_\_

### ***Parent/Guardian 1***

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

### ***Parent/Guardian 2***

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

### ***OTHER INFORMATION ABOUT YOUR CHILD***

Please list below any other important information about your student and your family you feel we should know (learning difficulties, behavioral issues, custody issues, etc.). All information is kept confidential and is for understanding situations and behaviors as they arise.

Additional Important Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ***INSURANCE INFORMATION***

Health Plan Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

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## **EMERGENCY CONTACT INFORMATION**

Emergency Contact Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_

## **STUDENT'S MEDICAL INFORMATION**

Please list medical conditions, allergies, etc.: \_\_\_\_\_

\_\_\_\_\_

Please list required medications: \_\_\_\_\_

\_\_\_\_\_

## **PARENT CONSENT TO TREAT A MINOR**

I, being the parent or legal guardian, do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the adult supervisor to make the decisions necessary for treatment. Should there be no adult supervisor available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring the events will be used as the secondary coverage.

I have read and understand the above consent statement.

Parent/Guardian Printed Name: \_\_\_\_\_

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

## **SUMMER HANGOUTS REGISTRATION**

“Summer Hangouts” are senior youth (9<sup>th</sup>-12<sup>th</sup> grade) ministry fellowship nights that exist for youth to form community with fellow youth and adult mentors in a Christian context, as they grow in their faith in Jesus Christ. “Summer Hangouts” meet Wednesday evenings from approximately 6:00 – 7:30 PM. Please be aware youth often drive to the nearby Starbucks and McDonalds on 58<sup>th</sup> Ave by King Soopers in Arvada, after “Summer Hangouts”, but this is not a Peace Lutheran Church sanctioned or organized activity.

\_\_\_\_\_ Initial here to indicate your youth may participate in Summer Hangouts

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## **ACTIVITY PARTICIPATION AGREEMENTS**

I, being the parent or legal guardian, have been informed of the High School Calendar below ("the activities") sponsored by Peace Lutheran Church ("PLC") and hereby give my consent for my minor child to participate in these activities.

In consideration for the opportunity to participate in the activities, the Participant (parent/guardian if Participant is a minor) acknowledges and accepts risks of injury associated with participation in and transportation to and from the activities. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activities or during transportation to and from the activities. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives of PLC for any injury related directly or indirectly out of the described activities or transportation to and from the activities, whether such injury arises out of the negligence of PLC or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and PLC cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

- Conundrum Escape Rooms, 2480 Kipling St, Lakewood, CO, June 7, 2017
- Hiking Day at Rocky Mountain National Park, CO, July 5, 2017 (AM start)
- Water World Day, 8801 N Pecos St, Federal Heights, CO, July 12, 2017 (All Day)
- Cookout & Water Balloon Volleyball, Big Soda Lake, Lakewood, CO, July 19, 2017
- DU Backpacking Trip, Lutheran Valley Retreat, 793 Ellison Rd, Florissant, CO, August 4-6, 2017
  - Note: Due to the nature of this trip, additional permission paperwork will be required.
- Senior Send-off Pool Party, Location TBD, August 9, 2017

\_\_\_\_\_ Initial here to indicate: "I have read and understand the above Activity Participation Agreements."

\_\_\_\_\_ Initial here to indicate: "My child may participate in PLC sponsored activities at Peace Lutheran Church or those listed above."

## **EARLY RETURN CONSENT STATEMENT**

In the event a student must return from an PLC sponsored event independently for reasons of health, accident or failure to conform to rules established by the adult leaders, event supervisors, etc., the parent/guardian agrees to accept full responsibility for and pay for the cost of medical care, transportation and other related incidental expenses.

\_\_\_\_\_ Initial here to indicate agreement to "Early Return Consent Statement" Terms

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## *STUDENT AGREEMENT*

I, the above named student, as a participant in student events sponsored by PLC, will listen to my adult leaders and event supervisors. will abide by all guidelines especially instructions related to my safety and the safety of my fellow students. I understand that failure to follow the prescribed guidelines and/or safety procedures may result in my having to leave an PLC sponsored event early and at my parent/guardians expense. I understand that injury to myself, or a fellow student may also result from my failure to comply with safety procedures.

I have read the above paragraph and understand its significance related to my participation in PLC sponsored events. I also understand that this agreement is important because I want all of our students to have an amazing, positive and uplifting experience while attending PLC sponsored youth events.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form, along with a front and back copy of your insurance card, to the church office or the Director of Student Ministries.**