

2011-2012 Youth Registration

for Youth Education & Activities at Zumbro Lutheran

Attention ALL Parents/Guardians of Children Ages 3-12th Grade:

- ❖ Complete one form per family.
- ❖ Sunday School is open to children age 3 (as of 9/1/11) - 12th grade.
- ❖ Confirmation includes 7th through 9th grade students.
- ❖ **Return this registration form to Zumbro's Main Office.**

DATE ____/____/____

PARENT(S) / GUARDIAN(S) _____

ADDRESS _____
Street City Zip

HOME PHONE _____ E-mail Address _____

STUDENT INFORMATION

Child's Name	Grade on 9/1/11	M/F	Birthdate mo/day/yr	Baptism mo/day/yr	Information we should know about your child
1.					
2.					
3.					
4.					
5.					

**I/We are willing to volunteer our time in one of the following ways:
(Please place your name alongside the area(s) for which you are volunteering)**

- _____ Sunday School Teacher (Grade __)
I wish to have my child in class: yes no
- _____ Substitute Sunday School Teacher
- _____ Sunday School Music Leader
- _____ Sunday School Piano Player

- _____ Nuirserly Volunteer
- _____ Education Office Helper/Substitute
- _____ Special Events Helper (ie: serve snacks, craft assistant, registration help, etc.)
- _____ Confirmation Small Group Leader

PLEASE COMPLETE THE OTHER SIDE OF THIS PAGE ALSO



2011-2012 MEDICAL RELEASE PERMISSION

Zumbro Lutheran Church

624 Third Avenue Southwest Rochester, Minnesota 55902 (507) 288-2649

This medical release form pertains to all on or off-site events of Zumbro Lutheran youth and education programs.

- My child has permission to take part in all congregational activities, including off-site activities, and photographs taken for church use only.
- In case of emergency, every effort will be made to contact me. If I cannot be reached, this document gives permission to Zumbro Lutheran Congregation, its staff, chaperones and supervisory personnel to act on my behalf in seeking emergency treatment for my child.
- I give permission to those administering emergency treatment to do so using necessary measures, and we agree that the congregation, its staff, chaperones, and off-site location personnel will not be held responsible for accidents or liabilities which may occur.

NAME OF CHILD(REN): _____
First Last

NAME OF PARENT(S)/GUARDIAN(S) : _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL** _____ / _____
Mom Dad

ADDRESS: _____
Street City Zip

Most often used e-mail address: _____

FAMILY INSURANCE COMPANY: _____

POLICY #: _____

SIGNATURE OF PARENT: _____ **DATE:** _____

Emergency Contact person (if parents are unavailable):

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____ **WORK PHONE:** _____ / _____

Please list any medical history/concerns, prescription medications, allergies, penicillin or other drug reactions, etc.:

Child _____ : _____

Child _____ : _____

Child _____ : _____

Child _____ : _____

PLEASE COMPLETE THE OTHER SIDE OF THIS PAGE ALSO