

# Saint Andrew's Lutheran Church

## YOUTH REGISTRATION

Saint Andrew's Lutheran Church

2650 148th Avenue SE  
Bellevue, WA 98007

425-746-2529

www.SALChome.org



*This form is used for Sunday Discipleship class registration, Youth activities, and all activities at Saint Andrew's for the year specified.*

- 1. First, SAVE the file to your computer.*
- 2. Then open the file, enter family and student information, and SAVE the form again.*
- 3. After completing, you may: email the form to [info@SALChome.org](mailto:info@SALChome.org) OR Print the form and return it to Saint Andrew's*

**SCHOOL YEAR:**

Today's Date:

### FAMILY INFORMATION

**Mother/Legal Guardian 1**

**Father/Legal Guardian 2**

First and Last Name

Home Phone

Work Phone

Cell Phone

Email

Address

City

Zip

### PERMISSIONS AND RELEASE

I/we, legal guardian(s) of ALL CHILDREN NAMED BELOW, permit them to take part in all Saint Andrew's activities which take place on the premises of Saint Andrews Lutheran Church.

I/we or the people listed below are responsible for picking up my/our child/ren in a timely manner after activities have ended, or during activity if there is a health or behavior issue. If someone not listed here will be picking up my child/ren, I/we will provide written permission before the activity begins for an alternate person to pick them up.

Agree

Disagree

The following people have permission to pick up ANY CHILD NAMED BELOW from Saint Andrew's activities:

Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone

**RELEASE:** *I understand that submitting this form is the equivalent of signing a paper registration form.*

Agree

Disagree

*continue to next page*

## FAMILY EMERGENCY INFORMATION

### Local Emergency Contact

Name

Phone

Phone

### Out-of-State Emergency Contact

### Physician

Name

Phone

### Dentist

### Insurance Carrier

Company Name

Policy/Group #

### Preferred Hospital

**MEDICAL RELEASE:** *This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Saint Andrew's Lutheran Church (hereafter named "the Church") and its staff of any liability against personal losses of named child/ren.*

*I/we, parents/legal guardians named above, have legal custody of ALL CHILDREN NAMED BELOW, a minor(s), and have given consent for them to attend events being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we release the Church, its pastor, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our children's involvement. In the event that our child/ren is injured and requires the attention of a doctor and all efforts to contact me/us are unsuccessful (in a life threatening emergency, parents/ guardians are the secondary contact -- 911 is the primary call), I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health information and health insurance information provided is accurate at this time and will, to the best of my/our knowledge, still be in force for the children named below. I/we also agree to bring my/our child/ren home at my/our own expense should they become ill or if deemed necessary by a church representative.*

***continue to next page to enter child/ren information  
when complete, SAVE form to your computer and  
email it to [info@SALChome.org](mailto:info@SALChome.org) or print and return it to the church office***

## **CHILD INFORMATION**

*Complete the information below for each child in your family.*

### **CHILD 1**

First and Last Name

Preferred Name/Nickname

Child email

Birth Date

Baptism Date

Age as of August 31

Grade in Fall of School Year

Name of School

School District

### **Medical Information**

Where necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware. If details exceed space provided, please attach another page. Include names of medications and dosages that your child takes, including over the counter medications and vitamins.

For your child's safety and our knowledge, is this child a:

good swimmer

fair swimmer

non-swimmer

Does this child have allergies to:

Pollen

Medications

Food

Insect Bites

Other

Please explain allergy and treatment:

Are all of this child's shots and immunizations up to date?

Yes

No

Does this child wear:

Glasses

Contact Lenses

Does this child suffer from, has ever experienced, or is currently being treated for any of the following:

Asthma

Epilepsy/Seizure Disorder

Heart trouble

Frequently upset stomach

Migraines

Physical handicap

Depression

Eating disorder

ADD/ADHD

Dizziness/Fainting

Other physical/emotional/developmental issues

Please explain, including treatment given:

Please list and explain any major illness, hospitalizations and/or surgeries this child has experienced in the last year:

Please list names of medications and dosages this child takes, including over the counter medications and vitamins:

Should this child's activities be restricted for any reason? If yes, please explain:

Yes

No

**PHOTO RELEASE:** *I give permission for individual or group photographs, video footage, and sound recordings of THE CHILD NAMED ABOVE (Child 1) to be used, free of compensation, by Saint Andrew's Lutheran Church, the Northwest Washington Synod, and the Evangelical Lutheran Church in America for historical and/or promotional purposes and in publications (print and online) including, but not limited to, the VOICE newsletter, emails, Saint Andrew's website, Saint Andrew's blog pages, church bulletin boards, other Saint Andrew's and/or Lutheran publications, and on social networking sites (such as Facebook, Instagram, etc.)*

Photo Permission Given

Photo Permission Denied

*continue to next page to enter additional child/ren  
when complete, SAVE form to your computer and  
email it to [info@SALChome.org](mailto:info@SALChome.org) or print and return it to the church office*

## **CHILD INFORMATION**

*Complete the information below for each child in your family.*

### **CHILD 2**

First and Last Name

Preferred Name/Nickname

Child email

Birth Date

Baptism Date

Age as of August 31

Grade in Fall of School Year

Name of School

School District

### **Medical Information**

Where necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware. If details exceed space provided, please attach another page. Include names of medications and dosages that your child takes, including over the counter medications and vitamins.

For your child's safety and our knowledge, is this child a:

good swimmer

fair swimmer

non-swimmer

Does this child have allergies to:

Pollen

Medications

Food

Insect Bites

Other

Please explain allergy and treatment:

Are all of this child's shots and immunizations up to date?

Yes

No

Does this child wear:

Glasses

Contact Lenses

Does this child suffer from, has ever experienced, or is currently being treated for any of the following:

Asthma

Epilepsy/Seizure Disorder

Heart trouble

Frequently upset stomach

Migraines

Physical handicap

Depression

Eating disorder

ADD/ADHD

Dizziness/Fainting

Other physical/emotional/developmental issues

Please explain, including treatment given:

Please list and explain any major illness, hospitalizations and/or surgeries this child has experienced in the last year:

Please list names of medications and dosages this child takes, including over the counter medications and vitamins:

Should this child's activities be restricted for any reason? If yes, please explain:

Yes

No

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Photo Permission Denied

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## **CHILD INFORMATION**

*Complete the information below for each child in your family.*

### **CHILD 3**

First and Last Name

Preferred Name/Nickname

Child email

Birth Date

Baptism Date

Age as of August 31

Grade in Fall of School Year

Name of School

School District

### **Medical Information**

Where necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware. If details exceed space provided, please attach another page. Include names of medications and dosages that your child takes, including over the counter medications and vitamins.

For your child's safety and our knowledge, is this child a:

good swimmer

fair swimmer

non-swimmer

Does this child have allergies to:

Pollen

Medications

Food

Insect Bites

Other

Please explain allergy and treatment:

Are all of this child's shots and immunizations up to date?

Yes

No

Does this child wear:

Glasses

Contact Lenses

Does this child suffer from, has ever experienced, or is currently being treated for any of the following:

Asthma

Epilepsy/Seizure Disorder

Heart trouble

Frequently upset stomach

Migraines

Physical handicap

Depression

Eating disorder

ADD/ADHD

Dizziness/Fainting

Other physical/emotional/developmental issues

Please explain, including treatment given:

Please list and explain any major illness, hospitalizations and/or surgeries this child has experienced in the last year:

Please list names of medications and dosages this child takes, including over the counter medications and vitamins:

Should this child's activities be restricted for any reason? If yes, please explain:

Yes

No

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## **CHILD INFORMATION**

*Complete the information below for each child in your family.*

### **CHILD 4**

First and Last Name

Preferred Name/Nickname

Child email

Birth Date

Baptism Date

Age as of August 31

Grade in Fall of School Year

Name of School

School District

### **Medical Information**

Where necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware. If details exceed space provided, please attach another page. Include names of medications and dosages that your child takes, including over the counter medications and vitamins.

For your child's safety and our knowledge, is this child a:

good swimmer

fair swimmer

non-swimmer

Does this child have allergies to:

Pollen

Medications

Food

Insect Bites

Other

Please explain allergy and treatment:

Are all of this child's shots and immunizations up to date?

Yes

No

Does this child wear:

Glasses

Contact Lenses

Does this child suffer from, has ever experienced, or is currently being treated for any of the following:

Asthma

Epilepsy/Seizure Disorder

Heart trouble

Frequently upset stomach

Migraines

Physical handicap

Depression

Eating disorder

ADD/ADHD

Dizziness/Fainting

Other physical/emotional/developmental issues

Please explain, including treatment given:

Please list and explain any major illness, hospitalizations and/or surgeries this child has experienced in the last year:

Please list names of medications and dosages this child takes, including over the counter medications and vitamins:

Should this child's activities be restricted for any reason? If yes, please explain:

Yes

No

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Photo Permission Given

Photo Permission Denied

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