

2017-18 High School Registration

Grades 10-12

Student Information

Name (First & Last) _____ Student Cell Phone _____

I would like to receive text messages updates about events Male Female Birthdate _____ Baptism Date _____

School _____ Grade _____

Special Needs (allergies, learning challenges, family situations or medical information-include names)

First Communion instruction: Yes No Student is a Calvary member: Yes No

Adult Contact Information

Parent/Guardian _____ add to CYF eNews Phone _____ Email _____

Address _____ City/ZIP _____

Parent/Guardian _____ add to CYF eNews Phone _____ Email _____

Address _____ City/ZIP _____

Emergency Contact _____ Phone _____

Membership: Calvary Another Church Visitor

Parent/Family Involvement

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

I understand that by enrolling my child in High School Ministry, I agree to partner with Calvary to provide a positive Christian learning environment by doing ALL of the following: • making High School Ministry a priority in my child's schedule • help in my kids small group as needed AND • participating in at least one of the volunteer areas listed below:

Parent Volunteer options—I am willing to:

- serve as a Confirmation small group leader
- help with a one-time event
- be a Lenten Mentor
- be a small group leader on a retreat, mission trip or camp
- help in other ways as needed. (Guest Experience, setup, etc.)

Student Volunteer options:

- Guest Experience (usher, greeter, hospitality, parking lot crew)
- Nursery assistant
- Grace Place assistant/leader
- Children's ministry special event
- Kids Connection Point
- Kids Community Time (Sunday's 9:55-10:35 a.m.)

Small Groups

Name up to two friends you would like to be with:

Name _____ Name _____

Name of your small group leader last year? _____

Cost per student: FREE



Terms & Conditions For Participation 2017-18

I (We) acknowledge that participation in any and all Calvary programs or events is voluntary and may involve activities that require traveling or physical exertion. We agree to the following conditions for participation in the ministries of Calvary Lutheran Church of Golden Valley, MN.

- Calvary is not responsible for the loss or theft of personal belongings. Calvary encourages families to understand the need for certain personal belongings to be left in a safe place. On certain occasions, Calvary staff will designate a safe place for certain items if necessary.
- Misconduct may result in the transportation home of my child from an activity at the parent/guardian's expense. A participant sent home for disciplinary reasons will NOT receive a refund of the activity fee.
- Participation in Calvary Youth Ministry events or programs is a privilege, this privilege may be denied by a Calvary staff when, in their opinion, participation of the youth is disruptive, unsafe, or not keeping with the mission of Calvary.
- Calvary staff reserve the right to ask youth to disengage from the use of technology (including phone) during events, trips, or programming up to and including removing said technology and returning it at the conclusion of the event, trip, or program.
- I understand that my child may be photographed and/or filmed and his/her image may be used in video presentations, printed publications, or on Calvary's website. Your child's name will not be published unless permission is granted by a legal guardian.
- I understand that certain events and trips require special transportation including buses, planes, and 12 passenger vans. It is the right of the legal guardian to understand transportation logistics prior to an event and reserve the right to provide alternative transportation to the event or trip if the legal guardian refuses to abide by the transportation logistics planned by Calvary staff.
- I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns: A) I waive, release and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in the events and programs of Calvary Lutheran Church of Golden Valley, the following person, or entities: Calvary Lutheran Church of Golden Valley, MN, its Senior Pastor and Associate Pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; B) I agree not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein; and C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's participation in Calvary related activities.
- I hereby assume the risk of my child participating in all Calvary Lutheran Church ministry activities or programs.
- I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the release.
- I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or healthcare facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. I authorize Calvary to transport said minor in the event that a legal guardian or family physician is unable to be reached. Permission is also granted to Calvary Lutheran Church representative to provide needed first aid treatment to the student prior to his/her admission to a medical facility.

Signature of Parent/Guardian _____

