


<p>FLC YOUTH</p> <p>Do justice Love kindness Walk humbly with our God. Micah 6:8</p> 

**FLC Youth Group Registration
2017-2018**

The FLC Youth Team strives to empower the 6th-12th grade youth in our church and community to be just, compassionate, and humble servants of God. We look forward to working alongside you to raise faith-filled youth this year!

Parent/Guardian(s) Information:

Parent/Guardian Name(s) _____ Email _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ wk home cell

Other Phones _____ wk home cell _____ wk home cell

Emergency Contact Person/Phone _____

Student(s) Information:

Student Name _____ Phone (Home/Cell) _____
Email _____

Student Name _____ Phone (Home/Cell) _____
Email _____

Student Name _____ Phone (Home/Cell) _____
Email _____

Address _____ City _____ State _____ Zip _____

Student Name	Baptized	Birthday	Grade	Texts OK?
	Y or N			Y or N
	Y or N			Y or N
	Y or N			Y or N
	Y or N			Y or N

Allergy and/or Special Needs Information

<u>Student Name(s)</u>	<u>Allergy and/or Special Needs</u>

**BECOME A MEMBER OF THE
FLC YOUTH TEAM!!**

Please check any that apply:

Monthly

Youth Team Meetings _____
(planning, budget, church-wide activities, etc.)

As Needed

Transportation _____
Adult Leader on Trip _____
Provide a meal _____
Provide snacks _____

Specific Events

Lock-In Setup/Prep _____
Lock-In Cleanup _____
5th Quarter Setup/Prep _____
5th Quarter Adult _____
5th Quarter Cleanup _____
Fundraiser Organization _____
(Butter Braids, Holiday Greenery, Cookie Bazaar, Pumpkins, and more)

ELCA Youth Gathering

Planning Meetings _____
Organize Materials _____
Fundraiser Organization _____
(Silent Auction, Garage Sale, and more)

Medical and Photography Release Statements:

I(We), the parent(s) or legal guardian(s) of _____ give permission for our child(ren) to attend and participate in activities at First Lutheran Church and receive medical treatment if necessary. Every effort will be made to contact me in an emergency. However, if I (we) cannot be reached, I (we) give my (our) permission to First Lutheran Staff to secure the services of a licensed physician to provide necessary care, including anesthesia, for my child's well being. I (we) also release and agree to hold harmless First Lutheran Church and all its participants from any and all liability. I (we) assume all risk of injury, damage or expense as the result of participation in any activities.

Parent/Guardian Signature _____ Date _____

I(We), the parent(s) or legal guardian(s) of _____ DO NOT give permission to First Lutheran Church to use any photographs/videos of my child(ren) taken during activities affiliated with First Lutheran Church in any future promotional materials (newspaper, brochures, church website, Facebook, etc.)

Parent/Guardian Signature _____ Date _____