

MATRIX REGISTRATION

2009-2010



(Both sides to be completed and signed by student's parent or guardian)

Student's Name: _____

Grade (09-10 year): 6 7 8

Birthday: ____/____/____ Gender: M F

Street Address: _____

City/St/Zip: _____

Email: _____

Home Phone: _____ Student's Cell Phone: _____

Can mentors call/text student on their cell phone? Yes No

Mom's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Rec'v Matrix email updates? Y N

Dad's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Rec'v Matrix email updates? Y N

Emergency Contact (*other than parents*): _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Any allergies or special concerns? _____

Does student own his/her own Bible? Yes No

My family worships at: _____ Rejoice

_____ Other

_____ We do not have a home church

_____ I would like more information about Rejoice

_____ I would like to receive the Rejoice weekly email news bulletin ("E-Connections")

Publicity Release

I consent to the use by Rejoice Lutheran Church of any video images, photographs, audio recording, or any other visual or audio reproduction in which the subject of this release may appear. I understand that these materials may be used or distributed to promote Rejoice's ministries. I release Rejoice from any liability connected with the use of my picture or voice recording as part of any promotion.

Parent/Guardian Signature _____ Date _____

Activity Permission / Medical Release

I give permission for (name) _____ to participate in any student ministry events sponsored by Rejoice Lutheran Church, Geneva, IL during the 2009-2010 school year, including off campus activities and transportation to and from those activities.

If he/she is injured while participating in Rejoice activities and requires professional medical treatment, I give consent to, and will be responsible for, any medical treatment deemed necessary by a licensed physician. I further agree to release the physician, medical facility, Rejoice Lutheran Church and its ministry leaders from any and all liability resulting from his/her participation in Rejoice activities, including transportation to/from off-campus activities.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Mentors: _____

Health Form Received : _____

Date entered into database: _____