



# Children's Ministry

## 2010-2011

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

Name: \_\_\_\_\_

Grade ('10-11 year): \_\_\_\_\_ School: \_\_\_\_\_ Gender: M F

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Baptism Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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")

**Please sign me up for:**

- Kids for Christ (Sunday School)  
Preferred Service: 9:00 10:30
- First Communion: Fall Session Spring Session

**Tuesday Evening Youth Groups:**

- 1st Grade Jesus Seekers
- 2nd Grade Grounded in Christ
- 3rd Grade Prayer Pack
- 4th Grade Navigators
- 5th Grade Justice League
- 3rd-5th Grade God's Girls (*last Tues of the month*)

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- I completed a medical information form at VBS this summer.
  - Attached is a completed medical information form.

## 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 2010-2011 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 \_\_\_\_\_

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### **For Office Use Only**

Health Form Received : \_\_\_\_\_

Date entered into database: \_\_\_\_\_