

SUMMIT REGISTRATION

2011—2012



Student's Name: _____

Grade (11-12 year): 9 10 11 12 Gender: M F Birthday: ____/____/____

Street Address: _____ City/St/Zip: _____

Email: _____ Home Phone: _____

Student's Cell #: _____ Ok to call/text student on their cell phone? Yes No

Mom's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Receive weekly Summit email news & updates? Y N

Dad's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Receive weekly Summit email news & updates? Y N

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

Home Phone: _____ Cell Phone: _____

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 (student's name) _____ to participate in any student ministry events sponsored by Rejoice Lutheran Church, Geneva, IL during the 2011-2012 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: _____