

Saint Andrew's Lutheran Church

YOUTH REGISTRATION

Saint Andrew's Lutheran Church

2650 148th Avenue SE
Bellevue, WA 98007

425-746-2529
www.SALC.church



This form is used for Sunday Discipleship class registration, Youth activities, and all activities at Saint Andrew's for the year specified.

- 1. First, SAVE the file to your computer.*
- 2. Then open the file, enter family and student information, and SAVE the form again.*
- 3. After completing, you may: email the form to info@SALC.church OR Print the form and return it to Saint Andrew's*

SCHOOL YEAR:

Today's Date:

FAMILY INFORMATION

Parent/Legal Guardian 1

Parent/Legal Guardian 2

First and Last Name

Home Phone

Work Phone

Cell Phone

Email

Address

City

Zip

PERMISSIONS AND RELEASE

I/we, legal guardian(s) of ALL CHILDREN NAMED BELOW, permit them to take part in all Saint Andrew's activities which take place on the premises of Saint Andrews Lutheran Church.

I/we or the people listed below are responsible for picking up my/our child/ren in a timely manner after activities have ended, or during activity if there is a health or behavior issue. If someone not listed here will be picking up my child/ren, I/we will provide written permission before the activity begins for an alternate person to pick them up.

Agree

Disagree

The following people have permission to pick up ANY CHILD NAMED BELOW from Saint Andrew's activities:

Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone

RELEASE: *I understand that submitting this form is the equivalent of signing a paper registration form.*

Agree

Disagree

continue to next page

FAMILY EMERGENCY INFORMATION

Local Emergency Contact

Name

Phone

Phone

Out-of-State Emergency Contact

Physician

Name

Phone

Dentist

Insurance Carrier

Company Name

Policy/Group #

Preferred Hospital

MEDICAL RELEASE: *This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Saint Andrew's Lutheran Church (hereafter named "the Church") and its staff of any liability against personal losses of named child/ren.*

I/we, parents/legal guardians named above, have legal custody of ALL CHILDREN NAMED BELOW, a minor(s), and have given consent for them to attend events being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we release the Church, its pastor, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our children's involvement. In the event that our child/ren is injured and requires the attention of a doctor and all efforts to contact me/us are unsuccessful (in a life threatening emergency, parents/ guardians are the secondary contact -- 911 is the primary call), I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health information and health insurance information provided is accurate at this time and will, to the best of my/our knowledge, still be in force for the children named below. I/we also agree to bring my/our child/ren home at my/our own expense should they become ill or if deemed necessary by a church representative.

*continue to next page to authorize background check(s) for adult(s),
or go to page 5 to enter child/ren information
when complete, SAVE form to your computer and
email it to info@SALC.church or print and return it to the church office*

AUTHORIZATION FOR BACKGROUND CHECK

For the safety of our youth and vulnerable adults, Saint Andrew's Lutheran Church requires background checks be performed on volunteers and paid staff who may have unsupervised access to children under eighteen years of age and/or vulnerable adults (as defined in the Saint Andrew's *Policy for the Safety and Protection of Minors and Vulnerable Adults*.) Please do not take offense to a request for a background check. It does not stem from distrust, but rather, it is a precaution that we take because we love and care about our children.

No inquiries will be made without the consent of the applicant. All forms and information having to do with background checks will be kept confidential. Any information received from the background check will be discussed only with the applicant, the Pastor, and necessary staff members.

As a volunteer or staff member who may have unsupervised access to children under eighteen years of age or vulnerable adults, you are required, according to the Child/Adult Abuse Record Search Guidelines, to disclose if you have been:

- (a) convicted of any crime against children or other persons;
- (b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- (c) convicted of crimes related to drugs as defined in RCW 43.43.830;
- (d) found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- (e) found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- (f) found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult; or
- (g) found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

If any of the above convictions or findings apply to you, please disclose them here.

I certify under penalty of perjury that the above disclosures are true and correct. I authorize that Saint Andrew's Lutheran Church can perform a background check on me through the Washington Access to Criminal History (WATCH) program. WATCH was initiated in response to the large increase in requests for criminal history information. It is used for businesses hiring people to work with youth, developmentally disabled persons, or vulnerable adults, as well as non-profit organizations who use volunteers in those areas. I understand that this check will only search for information regarding the crimes listed above. I understand that if I am found to have been convicted or prosecuted for any of these crimes, it may mean I will not be allowed to volunteer in any area at Saint Andrew's Lutheran Church where I have unsupervised access to children under 18, developmentally disabled persons, or vulnerable adults.

I understand that marking the box for this paragraph is the equivalent of signing a paper authorization form.

Today's Date:

Parent/Legal Guardian 1

First Name

Middle Name or Initial

Last Name

Date of Birth (month/date/year)

*continue to next page to
authorize a background
check for an additional adult,
or go to page 5 to enter
child/ren information*

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- (c) convicted of crimes related to drugs as defined in RCW 43.43.830;
- (d) found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- (e) found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- (f) found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult; or
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I understand that marking the box for this paragraph is the equivalent of signing a paper authorization form.

Today's Date:

Parent/Legal Guardian 2

First Name

Middle Name or Initial

Last Name

Date of Birth (month/date/year)

***continue to next page to enter
child/ren information
when complete, SAVE form to
your computer and email it to
info@SALC.church
or print and return it to the
church office***

CHILD INFORMATION

Complete the information below for each child in your family.

CHILD 1

First and Last Name

Preferred Name/Nickname

Child email

Birth Date

Baptism Date

Age as of August 31

Grade in Fall of School Year

Name of School

School District

Medical Information

Where necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware. If details exceed space provided, please attach another page. Include names of medications and dosages that your child takes, including over the counter medications and vitamins.

For your child's safety and our knowledge, is this child a:

good swimmer fair swimmer non-swimmer

Does this child have allergies to:

Pollen Medications Food Insect Bites Other

Please explain allergy and treatment:

Are all of this child's shots and immunizations up to date? Yes No

Does this child wear: Glasses Contact Lenses

Does this child suffer from, has ever experienced, or is currently being treated for any of the following:

Asthma Epilepsy/Seizure Disorder Heart trouble Frequently upset stomach
Migraines Physical handicap Depression Eating disorder
ADD/ADHD Dizziness/Fainting Other physical/emotional/developmental issues

Please explain, including treatment given:

Please list and explain any major illness, hospitalizations and/or surgeries this child has experienced in the last year:

Please list names of medications and dosages this child takes, including over the counter medications and vitamins:

Should this child's activities be restricted for any reason? If yes, please explain: Yes No

continue to next page

PHOTO RELEASE: *I give permission for individual or group photographs, video footage, and sound recordings of THE CHILD NAMED ABOVE (Child 1) to be used, free of compensation, by Saint Andrew's Lutheran Church, the Northwest Washington Synod, and the Evangelical Lutheran Church in America for historical and/or promotional purposes and in publications (print and online) including, but not limited to, the VOICE newsletter, emails, Saint Andrew's website, Saint Andrew's blog pages, church bulletin boards, other Saint Andrew's and/or Lutheran publications, and on social networking sites (such as Facebook, Instagram, etc.)*

Photo Permission Given

Photo Permission Denied

*continue to next page to enter additional child/ren
when complete, SAVE form to your computer and
email it to info@SALC.church or print and return it to the church office*

CHILD INFORMATION

Complete the information below for each child in your family.

CHILD 2

First and Last Name

Preferred Name/Nickname

Child email

Birth Date

Baptism Date

Age as of August 31

Grade in Fall of School Year

Name of School

School District

Medical Information

Where necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware. If details exceed space provided, please attach another page. Include names of medications and dosages that your child takes, including over the counter medications and vitamins.

For your child's safety and our knowledge, is this child a:

good swimmer fair swimmer non-swimmer

Does this child have allergies to:

Pollen Medications Food Insect Bites Other

Please explain allergy and treatment:

Are all of this child's shots and immunizations up to date? Yes No

Does this child wear: Glasses Contact Lenses

Does this child suffer from, has ever experienced, or is currently being treated for any of the following:

Asthma Epilepsy/Seizure Disorder Heart trouble Frequently upset stomach
Migraines Physical handicap Depression Eating disorder
ADD/ADHD Dizziness/Fainting Other physical/emotional/developmental issues

Please explain, including treatment given:

Please list and explain any major illness, hospitalizations and/or surgeries this child has experienced in the last year:

Please list names of medications and dosages this child takes, including over the counter medications and vitamins:

Should this child's activities be restricted for any reason? If yes, please explain: Yes No

continue to next page

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Photo Permission Given

Photo Permission Denied

*continue to next page to enter additional child/ren
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CHILD INFORMATION

Complete the information below for each child in your family.

CHILD 3

First and Last Name

Preferred Name/Nickname

Child email

Birth Date

Baptism Date

Age as of August 31

Grade in Fall of School Year

Name of School

School District

Medical Information

Where necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware. If details exceed space provided, please attach another page. Include names of medications and dosages that your child takes, including over the counter medications and vitamins.

For your child's safety and our knowledge, is this child a:

good swimmer fair swimmer non-swimmer

Does this child have allergies to:

Pollen Medications Food Insect Bites Other

Please explain allergy and treatment:

Are all of this child's shots and immunizations up to date? Yes No

Does this child wear: Glasses Contact Lenses

Does this child suffer from, has ever experienced, or is currently being treated for any of the following:

Asthma Epilepsy/Seizure Disorder Heart trouble Frequently upset stomach
Migraines Physical handicap Depression Eating disorder
ADD/ADHD Dizziness/Fainting Other physical/emotional/developmental issues

Please explain, including treatment given:

Please list and explain any major illness, hospitalizations and/or surgeries this child has experienced in the last year:

Please list names of medications and dosages this child takes, including over the counter medications and vitamins:

Should this child's activities be restricted for any reason? If yes, please explain: Yes No

continue to next page

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Photo Permission Given

Photo Permission Denied

*continue to next page to enter additional child/ren
when complete, SAVE form to your computer and
email it to info@SALC.church or print and return it to the church office*

CHILD INFORMATION

Complete the information below for each child in your family.

CHILD 4

First and Last Name

Preferred Name/Nickname

Child email

Birth Date

Baptism Date

Age as of August 31

Grade in Fall of School Year

Name of School

School District

Medical Information

Where necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware. If details exceed space provided, please attach another page. Include names of medications and dosages that your child takes, including over the counter medications and vitamins.

For your child's safety and our knowledge, is this child a:

good swimmer fair swimmer non-swimmer

Does this child have allergies to:

Pollen Medications Food Insect Bites Other

Please explain allergy and treatment:

Are all of this child's shots and immunizations up to date? Yes No

Does this child wear: Glasses Contact Lenses

Does this child suffer from, has ever experienced, or is currently being treated for any of the following:

Asthma Epilepsy/Seizure Disorder Heart trouble Frequently upset stomach
Migraines Physical handicap Depression Eating disorder
ADD/ADHD Dizziness/Fainting Other physical/emotional/developmental issues

Please explain, including treatment given:

Please list and explain any major illness, hospitalizations and/or surgeries this child has experienced in the last year:

Please list names of medications and dosages this child takes, including over the counter medications and vitamins:

Should this child's activities be restricted for any reason? If yes, please explain: Yes No

continue to next page

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Photo Permission Given

Photo Permission Denied

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