



Sunday School / Children & Youth (CYF) Event Registration

Please Print. One form per family.

This form covers both SMLC's Sunday School and Children & Youth Events during the 2019-2020 program year

Last Name			
Parent / Guardian Name		Pronouns*	
Cell Phone			Subscribe me to text list*: Y / N
E-mail			Subscribe me to CYF email newsletter: Y / N
Parent / Guardian Name		Pronouns*	
Cell Phone			Subscribe me to text list*: Y / N
E-mail			Subscribe me to CYF email newsletter: Y / N
Home Street Address			
City, State, Zip			
Landline Number			
<ul style="list-style-type: none"> - *Part of what it takes to feel welcome and safe in community is to have our pronouns shared and known, like our names. Please write the pronouns to be used by staff and volunteers at SMLC in the space provided (e.g. She/hers, He/his, They/theirs...) - Email addresses are used to communicate important reminders and upcoming Sunday School and Children & Youth Events at SMLC. The CYF email list will include a newsletter sent twice a month. - **Text list will be used for reminders on events/registrations and major event changes. This is something SMLC is actively looking into implementing during the 2019-2020 program year. 			

Child's Name			
Cell Phone (Middle & High School Students)			Subscribe to text list*: Y / N
Pronouns (Please circle and see above *)	He/His Her/hers Them/their Other:		
Age		Birthdate	
School Name			Grade
Any food allergies, medication, conditions, etc. we should know about?			
Child's Name			
Cell Phone (Middle & High School Students)			Subscribe to text list*: Y / N
Pronouns (Please circle and see above *)	He/His Her/hers Them/their Other:		
Age		Birthdate	
School Name			Grade
Any food allergies, medication, conditions, etc. we should know about?			
Child's Name			
Cell Phone (Middle & High School Students)			Subscribe to text list*: Y / N
Pronouns (Please circle and see above *)	He/His Her/hers Them/their Other:		
Age		Birthdate	
School Name			Grade
Any food allergies, medication, conditions, etc. we should know about?			

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Child's Name			
Cell Phone <small>((Please circle and see above *)</small>		Subscribe to text list*: Y / N	
Pronouns	He/His Her/hers Them/their Other:		
Age		Birthdate	
School Name		Grade	
Any food allergies, medication, conditions, etc. we should know about?			

Emergency Contact Information Please provide contact information to use in case of an emergency. We will first contact the parent above at the number provided above. If no answer, we will contact who you list below.		
(Name)	(Phone with Area Code)	(Relation to Child(ren))
Health Insurance Information: Please provide in the event medical attention is needed during an event.		
(Insurer)	(Policy Number)	(Group Number)

TERMS OF PARTICIPATION

SMLC welcomes all youth to participate in activities, however participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct as set forth by SMLC whether in writing or verbally from SMLC staff or adult volunteers.

You hereby grant permission to SMLC the right and permission to use and publish any photographs, videos and/or sound recordings which may contain your images or recordings of my child on SMLC's bulletin boards, in newsletters (including, but not limited to, SMLC's Messenger publication), or in reports, brochures, or other media about SMLC.

Even if you have made your child's food allergies known to SMLC, you acknowledge that SMLC is not an allergy free facility and cannot guarantee that, despite SMLC's reasonable diligence, your child will not be exposed to or come into contact with allergens. If you have specific concerns, you agree to have further conversations with SMLC's Director of Children and Family Services.

If your child has a medical condition that may require specialized care, medications or other intervention, you agree to have further conversation with SMLC's Director of Children and Family Services to discuss how SMLC and you can partner together to enable your child to safely participate in activities.

It is the desire for all youth to have opportunities to participate in a meaningful way in SMLC's Sunday School or youth activities. Therefore, you are invited to discuss any special needs that your child may have with SMLC's Director of Children and Family Services; SMLC cannot and does not make any promises that it can accommodate all requests.

AUTHORIZATION FOR MEDICAL CARE

In case of an emergency involving your child, you understand that SMLC will make efforts to contact the individual listed as the emergency contact. In the event that this person cannot be reached or in the event immediate medical attention is required in the judgment of SMLC’s staff or adult volunteer, you give permission to the medical provider selected by SMLC Staff or adult volunteer to secure medical treatment, including hospitalization, anesthesia, surgery, or injections of medication for your child. Medical providers are authorized to disclose relevant Protected Health Information to SMLC staff or adult volunteer and/or any physician or health-care provider involved in providing the emergency medical care to your child. Protected Health Information (PHI) shall have the same meaning as defined under HIPAA (45 C.F.R. §§160.103), as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of your child.

You may revoke this authorization at any time by submitting a writing revocation to SMLC’s Director of Youth and Family Services.

RELEASE

You hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against SMLC, SMLC’s staff, council representatives or volunteers in the course of your child’s participation in activities. Further, you understand and acknowledge that any personal property that your child may bring with them during activities including but not limited to cell phones, electronics, books, or jewelry is the sole responsibility of you and your child. Therefore, you hereby release and waive any claims for damage, loss, or theft of such personal property against SMLC.

By completing and signing this document, you acknowledge that you have updated the above information to the best of your knowledge as of the below date, and you are agreeing to your child’s participation in SMLC’s Sunday School and/or Youth Programs including allowing your child to be driven to and from activities by SMLC’s staff or adult volunteers. You are also acknowledging that you have read and agree to the additional terms titled “Terms of Participation”, “Authorization for Medical Care”, and “Release of Liability” on page 2 & 3 of this document; no changes to the additional terms is permitted unless agreed to in writing by a member of SMLC’s pastoral staff. You are signing this document as the legal representative (parent or legal guardian) of the above named individual(s) and hereby represent to SMLC that you have the full legal authority to do so.

(Signature)

(Date)

(Printed Name)

(Relation to Child)

**ANY QUESTIONS, COMMENTS, OR NEED TO CONNECT FURTHER ON YOUR REGISTRATION?
FEEL FREE TO SAVE THE FOLLOWING CONTACT INFORMATION ON YOUR DEVICES:**

DIRECTOR OF CHILDREN, YOUTH, AND FAMILY MINISTRIES

JON BATES

YOUTH@STMICHAELSELCA.COM / (O) 651-631-1510 / (C) 651-253-8494

1660 WEST COUNTY RD B
ROSEVILLE, MN 55113

