

**MOE LUTHERAN & MESSIAH LUTHERAN  
YOUTH/PARENT  
REGISTRATION & PERMISSION FORM**  
*(A standardized form for all MOESSIAH Youth-related Events)*

**PERSONAL INFORMATION:**

Name of Student: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Phone Number (If available): \_\_\_\_\_

Gender: M    F            Current Grade: \_\_\_\_\_            Date of Birth: \_\_\_\_\_

Name of Primary Contact (Parent/Guardian): \_\_\_\_\_

Preferred Phone Number for Primary Contact (include area code): \_\_\_\_\_

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

Name of Secondary Contact (Parent/Guardian): \_\_\_\_\_

Preferred Phone Number for Secondary Contact (include area code): \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_            Relation to Youth: \_\_\_\_\_

Emergency Contact Number (Include Area Code:) \_\_\_\_\_

**BAPTISM INFORMATION:**

Baptism date (if known): \_\_\_\_\_            Location of Baptism (Church, if known): \_\_\_\_\_

Baptized by (Name of Pastor, if known): \_\_\_\_\_

**Release From Liability:** *The undersigned Parent/Guardian hereby authorizes my child/youth to participate in the MOESSIAH Youth-related Event(s) indicated above. **As Parent/Guardian, I also grant permission for Moe Lutheran & Messiah Lutheran Churches to share photos of my child/youth on church websites, Facebook, or printed materials related to the promotion of church activities.** (Please contact the church if you have concerns). As the undersigned Parent/Guardian, I hereby release, forever discharge, and agree to hold harmless Messiah Lutheran Church and Moe Lutheran Church, and the directors thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in MOESSIAH Youth-related Events. The undersigned further hereby agrees to hold harmless and indemnify Messiah Lutheran Church and Moe Lutheran Church, its directors, employees, and agents for liability sustained by said acts of said participant, including any expenses incurred.*

**Medical Release:** *The undersigned further consents to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify Messiah Lutheran Church and Moe Lutheran Church, its directors, employees, and agents from any acts of misconduct, and/or failure to act on the part of those chosen to administer medical aid on behalf of the participant*

*Special Needs, Allergies, Dietary Restrictions for Child/Youth:*

\_\_\_\_\_

**Parent/Guardian Signature:**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Signature:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_