

Children & Youth Registration Form 2020-2021

Calvary Lutheran Church, Solana Beach, CA Three Year Olds through High School

Directions: Complete one form for each student you give permission to engage in the ministries of Calvary Lutheran Church. The following information and permissions will be kept on file through August 2021. Please complete each line.

Student Name: (Last) _____ (First) _____

Birthdate: (mm/dd/yyyy) _____

Grade entering school (or age if a preschooler): _____

Name of School attending 2020/2021 academic year: _____

Special learning needs, allergies, or medical issues: _____

Mailing Address: _____

City: _____ Zip Code: _____

Student Email (if different from household): _____

Student Cell phone (if applicable): _____

Parent/Guardian Names(s): _____

Address of parents/guardians (if different from above): _____

Home Phone (with area code): _____

Mom/Guardian Email: _____ Cell phone: _____

Dad/Guardian 2 Email: _____ Cell phone: _____

Emergency Contact Name and Phone other than Parent: _____

I give permission for digital images of my son/daughter to be used for education and publicity purposes at Calvary Lutheran Church. Please note: No names will be used with photos. Initial _____

Registering for: (Check all that apply; note registration fee for confirmation.)

Kids' Sunday Morning & Midweek Programs (3 years old through 5th Grade)

Confirmation (First & Second Years) \$25/student

Middle School Youth Ministry (grades 6-8)

High School Youth Ministry (grades 9 -12)

Calvary Lutheran Church Student Ministry Precautions:

Calvary Lutheran Church's staff and volunteers will be doing all that we can to keep ministry experiences safe and sanitized for all involved. The following list includes the precautions we will take:

- We will be requiring all participants, staff and volunteers to remain 6 ft apart and to maintain this distance from others throughout the experience.
- All participants will wear masks throughout the experience.
- We will be meeting outdoors for the foreseeable future to abide by state and county guidelines.
- Participants will bring their own chair to sit on.
- Hand sanitizer will be provided.
- Any equipment used will be sanitized after use.
- There will be restrooms available that will be cleaned and sanitized before and after each experience.
- We will communicate any updates or changes to these precautions.

I acknowledge and support the precautions Calvary Lutheran is undertaking. *Initial* _____

HEALTH POLICY: To ensure the safety of all who participate, Calvary Lutheran Church requires that all participants in face 2 face ministry experiences, be free of the following symptoms related to the COVID-19 virus for at least 14 days. The symptoms include fever, chills, cough, shortness of breath, muscle aches, sore throat, the new loss of sense of smell and taste. By your child's participation in face to face ministry experiences other than remote, you confirm that your child is not currently experiencing these symptoms nor have they in the past 14 days.

I understand and will comply with Calvary's Health policy. *Initial* _____

SOCIAL DISTANCING & MASK POLICY: Calvary Lutheran Church is committed to providing a healthy and safe environment at all in-person ministry experiences. We request each participant's help! When attending an in-person ministry experience, each participant agrees to maintain proper social distancing (6 feet) from all other participants, staff, and volunteers. They also agree to wear a mask during each event. We appreciate your support in helping us keep all of God's children healthy and safe.

I understand and will comply with Calvary's Social Distancing & Mask Policy. *Initial* _____

WAIVER: An inherent risk of exposure to COVID-19 exists in any public place where people are present. Though Calvary Lutheran Church is taking all possible precautions, COVID-19 is a very contagious disease that can lead to severe illness and death.

I understand that I voluntarily assume all risks related to my child's exposure to COVID-19.
Initial _____

STANDARD LIABILITY & MEDICAL RELEASE FORM

I have been informed that there will always be at least one adult present during any Calvary Lutheran Church event who has had child abuse prevention training. Initial _____

I, the undersigned, give permission for _____ (youth participant) to participate in the in-person and remote ministries sponsored or planned by Calvary Lutheran Church.

I agree to his/her participation and waive all claims against the leaders of this activity, agents, and representatives of Calvary Lutheran Church. The exception would be only those claims due to fraud or violation of the law.

I grant my authorization and consent for any supervising adult member of any activities to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize any supervising adult to summon all professional emergency personnel to attend, transport, and treat the participant at my expense. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of any supervising adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Allergies or medical needs of which we should be aware? _____

Signature of Mother/Guardian _____ Date Signed _____

Signature of Father/Guardian _____ Date Signed _____

Registration due: _____ Paid: Cash Check # _____