

Children & Youth Registration Form 2021-2022

Calvary Lutheran Church, Solana Beach, CA Three Years Old 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 2022. Please complete each line.

Student Name: (Last) _____ (First) _____

Birthdate: (mm/dd/yyyy) _____

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

Name of School attending 2021/2022 academic year: _____

Special learning needs: _____

Mailing Address: _____

City: _____ Zip Code: _____

Student Email (if applicable): _____

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: _____

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 abide by state and county guidelines.
- We will be requiring all participants, staff and volunteers to abide by Calvary Lutheran Church's current protocols.
- 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 event.
- 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 of in-person 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 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 abide by the current protocols established by Calvary Lutheran Church. These include but are not limited to, maintaining proper social distancing (6 feet) from all other participants, staff, and volunteers. Agree to wear a mask covering mouth and nose 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* _____

COVID-19 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 _____

PROTECTION OF MINORS: In recognition of the spiritual and public trust given to this faith community, Calvary Lutheran Church is committed to being a safe sanctuary, both nurturing and protecting its members and visitors. Calvary Lutheran Church will maintain official policies and procedures, which seek to ensure prevention of child abuse, provide appropriate intervention into alleged incidences of abusive behavior, and offer sensitive and compassionate pastoral care to all involved. It is the intent of Calvary Lutheran Church that these policies and procedures will provide a safe and supportive environment for children and youth and for

persons who work in our ministries, while minimizing the risks of child abuse occurring in connection with Calvary Lutheran Church's ministries and providing a strong and healthy volunteer environment.

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 _____

STANDARD DIGITAL IMAGE RELEASE FORM

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

STANDARD LIABILITY & MEDICAL RELEASE FORM

I give permission for aforementioned minor child to participate in the in-person and remote ministries sponsored or planned by Calvary Lutheran Church. I 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. Initial _____

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. Initial _____

PRIMARY PHYSICIAN INFORMATION

Primary Physician's Name: _____ Office Phone: _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____ Other Allergies: _____

If applicable, please note any conditions for which the child is currently receiving treatment or any other significant medical information of which we should be aware on the back of this form.

DENTIST'S INFORMATION

Dentist's Name: _____ Office Phone: _____

Emergency Phone: _____ Dental Insurer/Plan: _____ Policy #: _____

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

