

**CYF GROUP REGISTRATION
AND RELEASES**

School Year: 2012-2013

Trinity Lutheran Church

7104 39th Ave, Kenosha, WI 53142

Participant's Name: _____ Participant prefers to be called: _____

Birth Date: _____ School: _____ School Grade: _____

Participant's Primary Care-Givers: _____

Mailing Address(es): _____ Adult(s) Phone #'s _____

Adult(s) email addresses: _____

Note: Communication about CYF group events will often be done by email. *Please list emails that you check on a regular basis.*

Adults in the home use Facebook? ____ Yes ____ No Best Way to Contact: _____

Participant email address: _____ Participant uses Facebook? ____ Yes ____ No

In Case of Emergency, please contact _____ at _____

PHOTO RELEASE:

Trinity has a Children Youth and Family facebook page and a website account where photos and videos from CYF Group events are periodically published. We also have a CYF Group bulletin board where we sometimes post photos from events. It is Trinity's policy that photos of children are never published with names or other identifying information.

Initial one:

_____ Yes, you can use pictures and videos of my child. I hereby grant Trinity Lutheran Church, Kenosha, WI the permission to use my child's likeness in photographs, video, and other media in any and all of its publications, including bulletin boards and website entries. I waive any right to royalties or other compensation arising or related to the use of the photographs or videos.

_____ No—please do not print or publish photos or videos of my child online or in church-related publications.

GENERAL RELEASE:

"I/We hereby grant permission for my/our child _____ to be a member of the CYF Group at Trinity Lutheran Church, Kenosha WI and to participate in activities arranged by the Children Youth and Family Minister, Education Team, and/or CYF Leadership in this regard from time to time. We recognize the importance of the commitment that he/she makes and that their participation as a part of a larger community calls for responsible behavior. Therefore, I/we agree that if this child engages in behavior which, in the judgment of the adult leaders, is not in the best interest of the trip or event, our/my child or any member of the group may, therefore, be sent home. I/We will assume full legal and financial responsibilities for such a return trip."

"I/We hereby release from any liability Trinity Lutheran Church, Kenosha, WI and all of its personnel, employees, adult leaders and representatives from any claims for unintended or unexpected accidents which might occur during participation in CYF group events or traveling to or from said events. In granting this permission and release, I/We specifically recognize that my child may from time to time be transported to events by private vehicles operated by advisors or volunteers not as agents, employees or representatives. In such regard, I/We specifically release and will hold harmless Trinity Lutheran Church, Kenosha, WI, their officers, employees, agents and representatives from any and all liability which may arise as a result of such transportation whether or not organized by Trinity Lutheran Church, Kenosha, WI."

Signature of Participant Date

Signature of Parent / Guardian Date

CYF GROUP PARTICIPANT HEALTH FORM

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Participant's Name: _____ Birth Date: _____ Gender: _____

Name of Parent / Guardian: _____

Address: _____

Day Phone: _____ Night Phone: _____

Doctor's Name _____

Address _____ Zip _____ Phone _____

Health Insurance: _____ Policy or Plan # _____

Participant's Medical # (if applicable): _____

Name of emergency contact: _____ Relationship: _____

Address _____ Zip _____ Day Phone _____ Night Phone _____

Does this participant have any physical, psychiatric, emotional or behavioral conditions of which the CYF group advisor should be aware? (Please use the back of this form or an additional pages if necessary)

Restrictions on activities: _____

Regularly prescribed medications and doses: _____

Date of most recent tetanus booster? _____ Allergies to drugs? _____

Allergies or special diet? _____

PARENT / GUARDIAN AUTHORIZATION:

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of Trinity Lutheran Church, Kenosha, WI and CYF group adult leaders to take whatever steps they deem necessary to insure the well being of my child should a medical emergency occur during a CYF group meeting/activity.

Every attempt will be made to contact the child's care-givers and/or emergency contact provided.

I, _____ do hereby authorize Trinity Lutheran CYF group to take necessary emergency measures in the treatment of (participant): _____ if needed. My child is in good physical health and does not have any conditions or disabilities which may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby the authorize the physician selected by Trinity Lutheran Church to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my child named above.

Signature of Parent / Guardian Date

**C.O.U.R.A.G.E., COVENANT AND
MASTER PERMISSION SLIP**

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C.O.U.R.A.G.E.

We the members of Trinity High School CYF Group and Trinity Middle School CYF Group affirm that we believe in **C.O.U.R.A.G.E.**

Connectedness, the understanding that we are all truly related, that all human beings are interconnected to each other and all other forms of life in a web of being that is far larger than ourselves, and that therefore we should respect and value those living connections and help them to thrive and grow, rather than working to break them by dividing ourselves from others or doing anything that would harm life;

Open-mindedness, the ability to listen and be open to everyone's unique ideas, perspectives, and beliefs, so that we may learn from the experiences and wisdom of others, even if we differ from them;

Universal Outreach, the recognition that our greater mission is to reach out and serve those in our lives, in our church, in our community, and in our world who may need our help, love, friendship, and compassion;

Respect, the sense that it is good and necessary to treat others as we would wish to be treated and that we must commit ourselves to non-violence, empathy, and understanding in all our actions and relationships;

Acceptance, the willingness to welcome anyone into our circle, regardless of who they are, where they come from, or where they are in life's journey;

Generosity, the motivation to use the teachings of Jesus Christ and others as an inspiration to give plentifully of our time, talents, and resources, and to serve others enthusiastically and abundantly as we strive for creating social justice in our world;

Enthusiasm, the inspiration to have fun together in all that we do, to live life zestfully and with joy in our hearts, as we work, play, and pray together in a loving and supportive community that brings vitality, Spirit, and wholeness.

COVENANT

A covenant is an agreement in partnership with God between members of a community. As a participant in CYF Group activities and trips, I, _____ covenant to embody C.O.U.R.A.G.E. I covenant to be open minded, flexible, and compassionate, showing respect for other people, their bodies, their property, their cultures, and their beliefs. I also covenant to listen to directions, to be mindful of safety, and to abstain from any behavior that harms or endangers myself, others, or the health of the group, including but not limited to bullying, sexual activity, harassment, violence, negativity, intense displays of affection, and possession or use of tobacco, alcohol, or drugs not prescribed to me. I covenant to speak up about my own needs and to speak to an adult immediately if I feel unsafe or if I witness breaches of covenant.

I understand that when we keep our covenant promises to each other, we co-create with God a safe, life-giving environment in which we are all lifted up. When we break covenant with each other, we break trust and disrupt our ability to operate as a safe and loving community. I understand that should I decide to break this covenant, I may be asked by adult leaders to leave the activity or event. At the discretion of the Minister and/or the adult leaders, I may also be referred to the Minister(s) for pastoral care and may be expected to speak to the Children Youth and Family Team to discuss my choices before being allowed to participate in future CYF Group activities.

Signature of Participant

Date

Signature of Parent(s)/Guardian(s) (participants under 18)

Date

MASTER PERMISSION SLIP

Note: Care-givers will be notified in advance about the dates and destinations of all trips.

_____ has my permission to go on all field trips and to all events with Trinity Lutheran Church and all its CYF groups for the 2012-2013 School year from September 1, 2012 – June 30, 2013 unless I specify otherwise in writing.

Signature of Parent(s)/Guardian(s)

Date