

MEDIA RELEASE

Per the Boundary Guidelines of St. Paul’s, we will only communicate with parents via media and not youth (pre-k to 6th grades). We will use the following per parental consent to communicate with students (grades 7-12). We will NOT use Snapchat to communicate with students.

I grant permission to St. Paul’s Lutheran Church to text and use social media such as Facebook or Instagram to communicate with my student.

Yes

No

Restricted to: _____
(Example: text only, text and Facebook only)

Parent/Guardian Signature

Date

I continue to give permission for the statement written above for the **2019-2020** program year:

Parent/Guardian Signature

Date

I continue to give permission for the statement written above for the **2020-2021** program year:

Parent/Guardian Signature

Date

PHOTO RELEASE

I grant permission to St. Paul’s Lutheran Church to use the image of my youth. Such uses include printed materials, videos, website, Facebook, and digital images for the 2018-2019 programming year.

Parent/Guardian Signature

Date

I continue to give permission for the statement written above for the **2019-2020** program year:

Parent/Guardian Signature

Date

I continue to give permission for the statement written above for the **2020-2021** program year:

Parent/Guardian Signature

Date

Youth/Student Registration Form

St. Paul's Lutheran Church

Youth/Student Registration Information

Youth/Student First Name: _____ Last: _____

Address: _____

City, State ZIP: _____

Home Phone Number: _____ Youth's Cell: _____

Grade: _____ Birth date: _____

School Name: _____

First Parent/Guardian Name (First): _____ Last: _____

Cell: _____ Work Phone: _____

Email: _____

Address if different: _____

Second Parent Name (First): _____ Last: _____

Cell: _____ Work Phone: _____

Email: _____

Address if different: _____

Emergency Contact Information

Name: _____ Relationship: _____

Work Number: _____ Cell Number: _____ Email: _____

Medical Information

Medical Alerts, Food and/or Drug

Current Medications: _____

Additional information we should know:

Insurance Carrier: _____ Policy #: _____

Group #: _____

My son/daughter _____ has permission to participate in any activity sponsored by St. Paul's Lutheran Church for the 2018-2019 programming years. In case of an emergency, the adult in charge has authorization to seek any medical attention necessary, or to administer over the counter medications as needed by your child.

Parent/Guardian Signature

Date

I certify that no information has changed and I continue to give permission for the statement written above for the **2019-2020** program year:

Parent/Guardian Signature

Date

I certify that no information has changed and I continue to give permission for the statement written above for the **2020-2021** program year:

Parent/Guardian Signature

Date

(MEDIA RELEASE ON REVERSE SIDE)