



REGISTRATION & PERMISSION SLIP

GRADES 6-12 FOR ACTIVITIES BOTH ON & OFF CHURCH PROPERTY

2023-2024

Student's Name _____ Birthdate _____ Grade _____

Student's Name _____ Birthdate _____ Grade _____

Student's Name _____ Birthdate _____ Grade _____

Student's Name _____ Birthdate _____ Grade _____

Mailing Address _____ City _____ Zip _____

Home Phone (____) _____ Family E-mail _____

Below please provide contact information about yourself and any other custodial adults.

Name	Relationship to Student	Phone Contact	Address (if different than student)

EMERGENCY CONTACT:

If the person(s) above cannot be reached, please call:

Name _____

Relationship to student(s) _____

Phone (H) _____ Cell _____

Please complete BOTH SIDES and return to the Church





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Medical Information

Insurance Co. _____ Group/ID # _____

Insurance Address _____

Are there any special diets, allergies, medications or restrictions of activities we need to be aware of? _____

PERMISSION

As a parent/guardian, I give permission for my child to participate in church related events and authorize any medical treatment that may be necessary under the circumstances that I cannot be reached. I release New Heights Lutheran Church of any liability.

I/We realize that while participating in church related events, students are expected to exhibit respectful and thoughtful behavior. If violated, the student will call his/her parents, and the parents will come to the activity and take the student home.

Signature of Youth _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Grades 6-12

Middle School & Senior High Youth

Kaia Nelson

kaia@newheightslc.org

Confirmation (Grades 6-8)

Pastor Rob Nelson (608) 513-0032

pastorrob@newheightslc.org

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