

**Parent's Night Out 2024**  
**Registration Form**      *Side 1*

Parent's Names (first and last):				Dad's Cell phone:	
Address: Street/apt :				Email:	
City:		State:		Zip:	
Home Phone:		Worship Service usually attending:		Mom's Cell phone:	
Emergency Contact.:		8:00 <input type="checkbox"/>		Email:	
Emergency Phone:		10:30 <input type="checkbox"/>			
Are you a member of St. John's?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Do your children attend Wee Care?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Children's Information</b>					
Child's Name:		M <input type="checkbox"/> F <input type="checkbox"/>		Birth Date:	
Age:					
School:		Grade:		Baptized? Yes <input type="checkbox"/> Date: No <input type="checkbox"/>	
List any special concerns (Allergies, limitations, medical information):					
What else would you like us to know about your child to help us at this event?					
Child's Name:		M <input type="checkbox"/> F <input type="checkbox"/>		Birth Date:	
Age:					
School:		Grade:		Baptized? Yes <input type="checkbox"/> Date: No <input type="checkbox"/>	
List any special concerns (Allergies, limitations, medical information):					
What else would you like us to know about your child to help us at this event?					
Child's Name:		M <input type="checkbox"/> F <input type="checkbox"/>		Birth Date:	
Age:					
School:		Grade:		Baptized? Yes <input type="checkbox"/> Date: No <input type="checkbox"/>	
List any special concerns (Allergies, limitations, medical information):					
What else would you like us to know about your child to help us at this event?					
<b><i>For additional children, Please fill out the Children's Information on a second form and attach to this form.</i></b>					

**Photo Release Permission:**

I give permission for my child to be photographed for church use. No last names will be included in photos used in publications: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent's Night Out 2024  
Registration Form      Side 2**

***Parental Permission Release must be filled out prior to participating in activities with the Children and Youth Ministries of St. John's Lutheran Church, including, but not limited to: Confirmation, Off site events, servant events and other activities as requested.***

***Parental Permission Release***

(Address info)

I understand my child has been invited to attend events and activities sponsored by St. John's Lutheran Church. I agree with the conditions on this form and hereby grant permission for my child to attend the events / activities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

***Conditions***

I(We) acknowledge that participation in any and all St. John's programs or events is voluntary and may involve activities that require traveling or physical exertion. We agree to the following conditions for participation in the ministries of St. John's Lutheran Church of Stewartville, MN.

▪ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to St. John's Lutheran Church representative(s) to provide needed medical emergency treatment to the student prior to his/her admission to a medical facility.

▪ I understand that my child may be photographed and / or filmed and his/her image may be used in video presentations, printed publications, or on St. John's website. My child's name will not be published.

▪ St. John's is not responsible for the loss or theft of personal belongings.

▪ I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors, and assigns: **A)** I waive, release and discharge from any and all claims or liabilities for personal injury of any kind or death which arise out of or relate to my child's participation in the events and programs of St. John's Lutheran Church of Stewartville, MN, the following person or entities: St. John's Lutheran Church of Stewartville, MN, its pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; **B)** I agree not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein; and **C)** I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's participation in St. John's related activities. I hereby assume the risk of my child participation in all St. John's Lutheran Church ministry activities and programs.

▪ Misconduct may result in the transportation home of my child from an activity at the parent/guardian's expense. A participant sent home for disciplinary reasons will NOT receive a refund of the activity fee.

▪ Participation in St. John's Youth Ministry events or programs is a privilege and this privilege may be denied by a St. John's staff member when, in their opinion, the participation of that youth is disruptive and not in keeping with the mission of St. John's.

**THIS FORM IS VALID UNTIL FEBRUARY 11, 2024.**