

Our Savior's Lutheran Church
God Squad Registration 2024-2025

Parent/Guardian Information

Name(s)	
Address	
Phone Number: Best number to reach you	
Are you ok receiving text messages?	
Email address	

Participants

	#1	#2	#3
Name			
Birth Date			
Grade			

Attach additional pages if necessary

Health Information

List (name of youth) any medical needs (ex. allergies – food, insects; physical/learning restrictions)

Additional Information - List any additional information you feel we need

Emergency Contact Information

Name		Name	
Relationship		Relationship	
Phone		Phone	

Parent Volunteer Opportunities

- | | |
|--|---|
| <input type="checkbox"/> Assist and/or substitute in classroom | <input type="checkbox"/> Assist with service projects |
| <input type="checkbox"/> Assist with celebrations | <input type="checkbox"/> Provide transportation |

Promotional Release

I give permission for my child's photo to be included for our website, or in print. No names will be used. Y __ N __

Parental Release

- I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in Our Savior's Lutheran Church related events and activities, and to be transported off-site with Our Savior's staff members or volunteers.
- Release this information to God Squad, Confirmation, Youth Leaders, and Staff of OSLC.
- Allow my child to be with an adult guide, mentor, parent or staff to offsite service projects and activities.
- In the event of an emergency and I cannot be reached, I give permission for the supervising staff member or the available adult leader to sign forms that would ensure the necessary treatment of the participant. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

(Please attach a clear statement regarding treatment of your child in the event of an emergency if different than the instructions stated above. Please sign and date.)

Parent/Guardian Signature _____ Date _____