

Minnetonka Lutheran Church ATLAS 2012 registration form

Please complete **BOTH** sides of this form and return, with requested photo copy of insurance card AND your \$100 deposit, to Pastor Paul **BY January 29th**.

For the "witness signature": Any second adult can sign this (second parent/guardian is acceptable)

MISSION ON THE MON
2011

YOUTH REGISTRATION FORM

Participant's Full Name: _____ Grade Completed as of July 2011 _____

Church Name/Location or Group Minnetonka Lutheran Church, Minnetonka MN

Date of Birth _____ T-shirt size: XS S M L XL XXL Gender: M or F

Street: _____ City: _____

State: _____ Zip: _____ Parent/Guardian Full Name: _____

Contact numbers: Home# _____ Cell# _____ Work# _____

Contact person if parent is unavailable: _____

Relationship to youth: _____

Home# _____ Cell# _____ Work# _____

Youth Health Information

Allergies: _____

Current Medications: _____

Limits on physical activity: _____

Date of last tetanus shot: _____

Emergency Treatment and HIPAA Protection Information Release Authorization

I hereby give permission to the medical personnel selected by the Mission on the Mon (MOM) staff to order X-rays and routine test and treatment for me/my child in the event that parent/guardian cannot be reached in an emergency. I hereby give permission to the physician selected by the MOM director to hospitalize, secure treatment for, order injection and/ or anesthesia and/ or surgery for me/ my child as named above. I hereby give permission to share the information on this healthform with medical personnel providing treatment for me/my child. When it is in the best interest of my child/ me, I hereby give permission for those providing medical treatment to release informatin regarding the diagnosis, treatment, test results and other information to MOM.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____

Please attach a photocopy (front and back) of the participant's health insurance card to this registration form!

I hereby giver permission for photos and video to taken of me/my child during the Mission on the Mon event, to be used as part of future publicity and mission planing.

Participant's Signature _____ Date: _____

Parent's Signature: _____ Date: _____

Additional info for MLC continued on Back

Additional Information for Minnetonka Lutheran church
2012 ATLAS trip to Pennsylvania
June 21st-July 1st, 2012

Student Name: _____

Student Cell Phone #: _____

Student Cell Phone provider: _____

(please only provide this if you give permission for student to be added to a text messaging service used by Pastor Paul to send out trip related communications to the ATLAS team)

IF using an I-Phone, please check here:

Parent/Guardian Permission/release:

I give permission for the above mentioned minor to attend this event which is sponsored by Minnetonka Lutheran Church. I also give permission for Pastor Paul and/or other designated chaperons to make medical decisions for the above mentioned minor if I cannot be reached in an emergency. I will not hold Minnetonka Lutheran, its staff or the chaperons responsible for accident or injury that the above mentioned minor may experience.

Parent/Guardian name: _____

Parent/Guardian signature: _____

date: _____

Photo release for use at Minnetonka Lutheran Church:

I give permission for photos of the above mentioned minor to be used in church publications, including the website

YES

NO

For office use only

registration form received on ___ / ___ / 2012

\$100 Deposit Paid on ___ / ___ / 2012

Additional payments:

\$ _____ on ___ / ___ / 2012 _____

\$ _____ on ___ / ___ / 2012 _____

\$ _____ on ___ / ___ / 2012 _____

\$ _____ on ___ / ___ / 2012 _____

Paid in full on ___ / ___ / 2012