



# CHILD Registration Form for 2017-2018

**SPLASH** is a Christ-centered youth ministry of Hebron Lutheran Church for children K-5<sup>th</sup> Grade for sharing fun, learning and spiritual growth together, like a weekly mini-Vacation Bible School. **SPLASH** meets at Hebron Lutheran Church, 3140 Limaburg Road, Hebron, *Wednesday night 5:30 p.m. during the school year* unless Boone County Schools are closed or other special circumstances

necessitate. At **SPLASH** we SHARE A SIMPLE SUPPER, LEARN MORE ABOUT GOD, SING, PLAY, HAVE FUN AND FELLOWSHIP WITH ONE ANOTHER! **SPLASH** starts on Wednesday, September 20<sup>th</sup>. PLEASE FILL OUT ONE REGISTRATION FORM FOR EVERY CHILD coming to **SPLASH** and bring it with you to **SPLASH** OR register online by going to Hebron Lutheran's website ([www.hebronlutheran.org](http://www.hebronlutheran.org)) and clicking on the **SPLASH** registration icon OR call the Church at 859-689-7590. Please have all children attending **SPLASH** leave any personal items (such as electronics, backpacks, fidget spinners, roller skates, stuffed animals, etc.) at home! They won't need them!

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE: \_\_\_\_\_

2nd EMERGENCY CONTACT NAME & PHONE: \_\_\_\_\_

HEALTH PROBLEMS/ALLERGIES/DIETARY RESTRICTIONS/SPECIAL NEEDS: \_\_\_\_\_

\_\_\_\_\_

FAMILY DOCTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please tell us about any other way Hebron Lutheran Church can help you have a great **SPLASH** experience: \_\_\_\_\_

### PLEASE PROVIDE THE FOLLOWING:

LEGAL GUARDIAN NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

From time to time, we like to take pictures or video for **SPLASH** and other special events at Hebron Lutheran Church. Although we never use these photos or videos for monetary gain, we occasionally like to include them in the Newsletter or on our Church's Facebook page or website. By registering your child or dependent for **SPLASH** and signing this form, you are agreeing to allow your child or dependent to be photographed or video recorded UNLESS you opt out below. If you have questions about this policy, please contact Pastor Andrew or the Church Office.

"Check Box" I DO NOT give permission for my child/dependent to be photographed or video recorded.

### AUTHORIZATION FOR TREATMENT OF A MINOR LEGAL GUARDIAN SIGNATURE:

My youth/child, named above, has my permission to attend the **SPLASH** Program at Hebron Lutheran Church. In the event of illness or accident, if the legal guardian cannot be reached, I authorize the Church, or its agent, to consent to any diagnosis, examination, treatment or hospital care for my child/youth which is deemed advisable by and is rendered under the supervision of a physician. I release the Church and its agents from responsibility in the case of an accident or illness in connection with any authorized Church activities.

I want to serve children in **SPLASH** as a volunteer. Please call me at \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For more information call 859-689-7590.