

Lutheran Youth Organization Network

2014-2015

Purpose: To equip youth of the Northeastern Iowa Synod to be leaders in their congregations so congregations can have the best youth group they are able to have.

Your Information

Name: _____ Grade (in '14-'15 school year) _____

Home Address (include city and zip):

Email: _____

Home Phone: _____ Cell Phone _____ Facebook: YES NO

School District: _____ Birthdate: _____

Years of WIYLDE attended: _____

Other Leadership experiences (church, school, etc.); _____

Parent/Guardian/Whatever Information

Name(s): _____

Home Address (if different than above): _____

Email: _____ Work Phone: _____

Home Phone: _____ Cell Phone(s): _____

Church Information

Pastor/ Youth Worker's Name: _____

Pastor/Youth Worker Email: _____

What Congregation: _____

What City: _____

Legal Stuff

RELEASE OF ALL CLAIMS

In consideration of being accepted by Synod, ELCA for participation in youth ministry events,

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Synod, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also release the participant's name as part of an information database for the synod and ELCA related entities, and that photos/videos produced by the synod become property of the synod and can be used for ELCA related purposes and publicity including the Synod's web site.

Parent's/Guardian's signature: _____ Date: _____

Participant's signature (if over 18): _____ Date: _____

Health Information

Allergies: _____

Diet or exercise restrictions: _____

Medication (ones that we should know about for health and safety of the youth):

Return by August 15th to: Deb Bachman, Northeastern Iowa Synod, PO Box 804, Waverly, IA 50677
or fax to 319-352-1416 or scan and email to dbachman72@gmail.com.