



**2022-2025 Youth Ministry
3 Year Permission Form and Covenant
Parent/Guardian Information:**



I give permission for (print child's first & last name) _____ to participate in all programs, retreats, events and activities hosted by Our Savior's Lutheran Church between September 1, 2022 and August 31, 2025.

Parent(s)/Guardian(s) Name(s): _____

Address: _____ City & Zip: _____

Home Phone: _____ Cell/Other Phone: _____

Child's Birth Date: _____ Parent(s)/Family Email: _____

List any medical concerns, medications, allergies, or other conditions to be aware of for your son/daughter:

Name of Insurance Company: _____

Policy Holder: _____ Policy Holder's Birth Date: _____

Policy #: _____ Preferred Hospital or Clinic: _____

Please list a secondary contact person & phone number (if parent/guardian is unavailable):

- I give permission for the adult leaders/pastors to seek medical treatment should an accident occur or otherwise be deemed necessary.
- I expressly waive all claims against Our Savior's Lutheran Church, pastors, and adult leaders arising from injury, accident, illness or damage that may happen in connection with an Our Savior's sponsored outing.
- I give permission for the adult leaders or pastors to contact me if my son/daughter acts in a way that is disruptive or disrespectful to the others in the group, and if necessary, I will pick up and escort my child home.
- I accept responsibility to notify Our Savior's Lutheran Church of any changes to insurance policy information, contact information, and/or medical needs of my son/daughter that occur prior to August 31, 2025.
- I hereby give permission that my child, while participating in OSLC ministries, may be photographed or videotaped and my child's image and voice may be used at a later date to promote future events.

REQUIRED: PLEASE ATTACH A COPY (FRONT & BACK) OF YOUR CHILD'S INSURANCE CARD.

Parent/Guardian Signature: _____ Date: _____

Youth Covenant:

- As one of Christ's chosen people, it is my duty to glorify God fully by the way I live. As a participant at Our Savior's Lutheran Church, I will act in ways pleasing to God and consider the ways my behavior affects those around me.
- During all Our Savior's programs, retreats, events and activities, I promise to be considerate of the needs of others; respect the wishes of adult leaders; refrain from smoking or drinking alcohol; and refrain from inappropriate sexual conduct.

Youth Signature _____ Date: _____

Youth Email: _____ Youth Cell Phone: _____

Our Savior's Lutheran Church: 9185 N. Lexington Ave., Circle Pines, MN 55014

