



**2021-2024 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, 2021 and August 31, 2024.

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, 2024.
- 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**

