

Student's name _____

Grace Fellowship Church Middle School Registration 2009-2010

WWW.LUGWEB.COM

Student plans on being a part of - Wednesday night LUG _____ Sunday morning _____

Gender _____ Age _____ D/O/B _____ Grade in fall 2008 _____

Student's Name _____

Student will attend Sunday morning Wednesday LUG (Please check)

Gender _____ Birth date _____ Age _____ Grade in 2009 _____

School in fall of 2009 _____

Address, City, zip _____

Parent's name _____

Shirt size ____YL ____YXL ____AS ____AM ____AL ____XL ____AXL

Three of your student's friends at Grace: (Last names too.)

1. _____ 2. _____ 3. _____

Home phone _____ Student's cell _____

Student's email _____

Father's cell _____ Father's email _____

Mother's cell _____ Mother's email _____

Another emergency contact _____ phone _____

(use back of page or attach info in an envelope if needed)

Medical Insurance Co. _____ Policy # _____

Physician _____ Phone _____

My child has the following medical condition: _____

My child is on the following medications: _____

List any allergies your child has and the approved treatments: _____

_____ My child understands how to care for these conditions and/or medications.

My child may take the following medicines in the dosage directed for their age without further consent from me.

_____ Tylenol ____ Advil _____ Pepto-Bismol _____ Benadryl _____ Vicks 44D

Attach student's picture here

\$25 registration fee may be attached to this form

ONLINE WEB SIGN UP

I understand that official Church Middle School events or activities will be posted on the www.lugweb.com website. I also understand that I may sign my child up for Grace Fellowship Church sponsored events or activities on the website. I am able to sign up online and pay online for activities and events and give the same full permission and release.

Sign _____ Date _____

Should immediate medical attention be needed for the permittee (student) due to either accident or illness, I grant a representative of Grace Fellowship Church permission to obtain such medical treatment as is required. In consideration for permission to attend Grace events, I waive any and all claims for myself, permittee and my and permittee's heirs against Grace Fellowship Church, it's officers, directors, staff, employees, members and volunteers for any injury or illness which may directly or indirectly result for permittee's attendance at or participation in the above church activity. I will notify the Pastor of any custody issues that affect my child at Church events. All official Church middle school events or activities will be posted on the website or communicated to your student Sunday morning or on Wednesday at LUG.

_____ My child has permission to ride in Grace Fellowship vehicles and vehicles of volunteers and interns.

_____ My child has permission to ride in the vehicle of his/her LUG-group leader.

_____ My child has permission to meet with his/her LUG leader and LUG-group members for activities scheduled away from the church campus

Relationship to permittee: _____ Date: _____

Signed: _____