Ravenswood Student Ministries

Creating intentional space for our youth that is safe, fun and set apart. For more information on Ravenswood Student Ministries, visit us at ravenscov.org/stu-min.

Permission and Registration Form

Valid for July 2013 – June 2014. Required for all students under the age of 18. To be filled out by Primary Parent/Guardian.

Youth Information

Name (required)		
Date of Birth (required)		
School	Grade	
Cell Phone		
Youth E-mail		
I give permission to Ravenswood Student Ministries to contact my youth directly (via text, e-mail, social media, etc.) about upcoming events and other exciting opportunities.		
□ Yes □ No		
Ravenswood Student Minist permission to Ravenswood S photographs of my youth for online or offline, further und will not be identified by name	Student Ministries to use my promotional purposes, lerstanding that my youth	

The programs of Ravenswood Student Ministries are as follows:

- September May
 - 5th Quarter After School Tutoring After school Tuesdays until 6:00pm
 - Youth Group Thursdays, 6:30 – 8:00pm
 - o <u>Senior High League</u> Sundays, 6:30 – 8:00pm
- June August
 - <u>Drop-in Center</u>Tuesdays, 3:00 5:00pm
- Special monthly events (i.e. Laser Tag, Haunted House)

Primary Parent/Guardian

Name (required)	
Relationship (required)	
Address (required)	
City (required)	State (required)
Phone Number(s) (required)	
E-mail	
Subscribe me to the Ravenswood Student Ministries e- mail newsletter, so that I may receive monthly program updates:	
□ Yes □ No	

Secondary Parent/Guardian

Name		
Relationship		
Address		
City	State	
Phone Number(s)		
E-mail		
Subscribe me to the Ravenswood Student Ministries e-mail newsletter, so that I may receive monthly program updates: ☐ Yes ☐ No		

Emergency Information

The undersigned hereby understand the potential risks involved with youth group activities and give permission for my youth to attend and participate in Ravenswood Student Ministries programming for the period of July 2013 – June 2014. We hereby assume all risk of personal injury, sickness, death, property damage and expense as of a result of

participation in recreation acti any injuries occur to my youth from Ravenswood Student M ministries of Ravenswood Ev whose care the minor has been hospital or doctor to receive responsibility for medical bills.	1	
Policy Number	Group Number	
Youth's Physician		
Youth's Physician's Phone		
Known Allergies		
Current Medications		
Other Notes		
In case of emergency, contact (check all that apply): □ Primary Parent/Guardian		
□ Secondary Parent/Guardian		
☐ Emergency Contact		
Emergency Contact (E.C.) Name		
E.C. Relationship		
E.C. Address		
E.C. City	E.C. State	
E.C. Phone Number(s)		

	Release Form
event	occasional exceptions, youth are released from as at Ravenswood Covenant Church, 4900 N. en Ave., Chicago, Illinois.
-	v child may leave on his/her own from Ravenswood ent Ministries events.
☐ I w Minis ☐ Th child ☐ Th ☐ Th	e Emergency Contact may pick up my child. e following people (neighbors, siblings, etc.) may
ріск	ıp my child:
#1	Name: Relationship: Phone:
#2	Name: Relationship: Phone:
Restr	ictions on releasing my child:
	Signature
$\Box \mathbf{v}_{\alpha}$	g I have filled out this Dormission and Desistration

Yes, I have filled out this Permission and Registration		
Form with accurate information to the best of my ability.		
Ravenswood Student Ministries cannot be held liable for		
inaccurate information reported on this form.		
☐ Yes, my child may participate in Ravenswood Student		
Ministries programming, both on-site and off-site		
(transportation provided), from July 2013 to June 2014.		
Print Name		
Signature		
Signature Date		