

2024 – 2025 REGISTRATION / MEDICAL FORM/PHOTO RELEASE

LIVING HOPE LUTHERAN PIONEERS

Welcome to another year of Boy & Girl Pioneers! We look forward to a great year of growth and development while keeping the message of the cross in the forefront of all we do.

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GIRL'S/BOY'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_

EMAIL ADDRESSES: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY PHONE CONTACT: \_\_\_\_\_

ALTERNATE EMERGENCY PHONE CONTACT: \_\_\_\_\_

In an emergency which hospital would you prefer? \_\_\_\_\_

List any allergies or special needs: \_\_\_\_\_

In case of accident or illness, permission is hereby given to treat our child as required. We accept the responsibility for all costs thus incurred, and waive any claim against the Pioneer organization, Living Hope Lutheran Church, and all leaders/council members of the Lutheran Girl Pioneers, or Lutheran Boy Pioneers for any and all causes which may arise in connection with the above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Signed

**Total Owed: \$30.00 per girl/boy      Make checks payable to Living Hope Lutheran Church**

Paid \_\_\_\_\_ Check # \_\_\_\_\_

**USE OF PHOTOGRAPHS** - Our Pioneer programs sometime use photographs of the children in printed and electronic material. We request permission to use names and/or photographs of our children in the promotion of our program (e.g. online, newsletter, websites, facebook posts, etc.). Family information will never be shared with an outside third party.

\_\_\_\_\_ **I GIVE permission for my child's image to be used in printed and electronic materials.**

\_\_\_\_\_ **I DO NOT give permission for my child's image to be used in printed and electronic materials.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_