

**Junior & Senior High Youth Ministry Information Sheet
2021-2022**

Advent Lutheran Church
7550 North Wickham Road Melbourne, FL 32940

Please Complete & Return to Joy Gemmer, Director of Youth and Family Ministry

Student Information:

Name: _____

Youth's Date of Birth _____

Sibling(s) Name(s): _____

Grade: _____ School Attending: _____

Youth's Email: _____

Home Phone Number: _____ Youth's cell phone Number: _____

Address: _____

T-Shirt Size _____ Gender: _____

Have you been baptized?(Y/N) _____ Confirmed? (Y/N) _____

Special Interest or Hobbies:

Do you play an instrument? _____ What do you play? _____

Are you in any music or theater groups? _____ What group(s)? _____

What sport or games do you like to play for fun?

Do you play a sport? _____ If so, what sport? _____

Are you in any clubs? _____ If so, what clubs? _____

Are there any activities or events you would like the youth ministry to consider doing?

Guardian Information: (In an event of an emergency, please provide contact information)

- Name: _____ Relation to Youth: _____

Email Address: _____

Work Phone Number (if you have one): _____ Cell Phone Number: _____

- Name: _____ Relation to Youth: _____

Email Address: _____

Work Phone Number (if you have one): _____ Cell Phone Number: _____

In an event of an emergency, please provide contact information for someone (if we cannot reach you): Name: _____ Relationship to Youth: _____

Phone Number: _____

Please list any allergies or health problems for youth:

Please feel free to share any other information that I would need to know about your youth:

Permission/ Liability

I give permission for my youth, (Name of Youth) _____ to participate in the supervised activities sponsored by Advent Lutheran Church. I understand that there are inherent risks involved in any youth activity, and I hereby release Advent Lutheran Church, its staff and volunteer workers/chaperones from any liability for any injury, loss, damage to person or property that may occur during the course of my child's involvement in said activities.

Authorization/ Consent Section:

I (Guardian Name) _____ authorize Advent Lutheran Church to use photographs, and videos of my youth, (Name of Youth) _____ taken during Youth Ministry activities. This includes use on Advent Lutheran's website, Advent Lutheran's Facebook/Instagram account. As well as, the Youth bulletin boards around the church, and in the Youth Rooms.

Does the Director of Youth and Family Ministries at Advent Lutheran Church have your permission to communicate with your youth through text messages, emails, and/or Instagram?

If you agree with everything above, please sign and date:

Parent Signature: _____ Date: _____

As always, if you have any question at all, please feel free to contact Ms. Joy at youthandfamily@adventlutheranbrevard.org