



7000 Hinton Ave. S., Cottage Grove, MN 55016  
651-459-1222  
[www.stlukecg.com](http://www.stlukecg.com)

*(Please return this form to the church office by June 6, 2010.)*

Student's Name: \_\_\_\_\_ Grade (Fall 2010)\_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's e-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Stepmother \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Stepfather \_\_\_\_\_

Father's e-mail: \_\_\_\_\_

Mother's e-mail: \_\_\_\_\_

Has this student been baptized? Y N

Has this student been through 1<sup>st</sup> Communion Class? Y N

Student's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Members \_\_\_\_\_ Prospective Members \_\_\_\_\_ We would like more info about St Luke \_\_\_\_\_

**8-9th Grades Tuition: \$100.00 \_\_\_\_\_pd. (Includes weekend retreat and all materials.)**

**Make checks payable to St. Luke Lutheran Church and attach to this form.**

**Scholarships are available. Please speak to Pastor Nathan or Sarah.**

**Worship Gathering that you plan to participate in most often this year:**

\_\_\_\_\_ Saturday 5:18pm \_\_\_\_\_ Sun. 8:15 am \_\_\_\_\_ Sun. 9:30 am \_\_\_\_\_ Sun. 11:00 am

**(New students only)**

**Small Group requests:** Please list **TWO** students of the same grade with whom you would like to be placed in a small group if we have available space. We will **try** to accommodate **one** of the requests. If there is someone it would be unhealthy to be in the same group with, please make note of that request as well. Thank you.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

# St. Luke Medical and Liability Release Form

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_  
M D Y

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications taken currently: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member's Name: \_\_\_\_\_

Other information we need to be aware of (allergies, disabilities, ADHD, ect.):

\_\_\_\_\_  
\_\_\_\_\_

I / We the undersigned give my/our permission for my above named daughter/son, a minor, to travel with St. Luke Lutheran Church. I / We hereby release St. Luke Lutheran Church, its staff, volunteer workers, sponsors, and insurers from responsibility and liability for any injury, illness, loss or damage to person or property that may occur during the course of my daughter's / son's involvement with St. Luke Lutheran Church. In the event of an emergency: I / We hereby authorize one of the adult leaders of St. Luke Lutheran Church, as agent for me / us, to consent to an X-ray examination, medical, dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital.

## Parent or Legal Guardian Signature (If participant is under 18)

\_\_\_\_\_  
Print Name Signature Relationship

\_\_\_\_\_  
Print Name Signature Relationship