



Welcome! We are excited for you to be involved in our Jesus Cares Ministries program.
Please provide the following information so we can ensure our program meets your needs.

Name _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Contact by _____ Phone _____ Text _____ Email

Describe any allergies or dietary restrictions _____

Are there any medical issues of which we should be aware? If so, how should we be prepared to respond to these issues? _____

Emergency contact I _____ Phone _____

Emergency contact II _____ Phone _____

PUBLICITY CONSENT

I understand that my participation authorizes this local program, Jesus Cares Ministries and its parent organization, The Lutheran Home Association of Belle Plaine, Minnesota, to publish and share my, and/or my child's photograph, video image, and other public relations references, in any media outlet deemed necessary and appropriate. Including, but not limited to websites and other related digital formats. I understand that I may revoke my consent at any time.

(Participant's Signature) (Date)

(Parent/Guardian's Signature) (Printed Name) (Date)