

# The Lutheran Church of the Holy Spirit

3461 Cedar Crest Blvd. Emmaus, PA 18049  
610.967.2220 x 107 (Youth) x 108 (Children)

## Project Help Permission Form for Minors

*Minors are youth 17 years of age and below*

\_\_\_\_\_ (minor's full name) has my permission to attend Project Help 2019, Friday, July 26 to Saturday, August 3, 2019 through The Lutheran Church of the Holy Spirit, Emmaus, PA.

*Please list all contact info and circle preferred method(s) or ALL forms of communication. **Please print legibly.***

Household Name:	Father's Name:
Mother's Name:	If applicable, Step Parent:
Address :	City Zip:
Birth Date:	Gender:
Home Phone:	Minor's Cell:
Mother's Cell:	Father's Cell:
Mother's Work Phone:	Father's Work Phone:
Household Email:	Minor's Email:
School Grade:	School Name:
Authorized Pick- up:	

### **Christian Conduct**

- Just as Jesus did, I will treat other people and myself with respect and love. I will not, for any reason, hit or abuse anyone verbally or physically. I will not use any kind of illegal drugs, alcohol, weapons, knives, firearms, laser pointers, or fireworks, as they are strictly prohibited. The use of tobacco products is prohibited by minors and only permitted outside by adults. Remember, even second hand smoke is harmful.

### **Electronic Devices**

- Cell phones or PDAs will be permitted for emergency use only. If I or my child brings any electronic device, I release The Lutheran Church of the Holy Spirit, Emmaus, PA from any or all responsibility or damage of said electronic devices.

### **Photos of Event**

- I give permission to The Lutheran Church of the Holy Spirit to display on The Lutheran Church of the Holy Spirit website or church facility, print in minor's (youth or children's) flyer, church newsletter, or a church CD/DVD any photo taken of myself or my child at a church event.
- I give permission to the news media (usually local newspapers) to take photographs or film of an event at the church or church related event. I also give consent for the use of my or my child's first name in connection with print or electronic media.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Minor's Signature*

### **Participation**

Does participant have any physical, emotional, or mental limitations, problems, or concerns that would be helpful if the staff was aware of or may affect the whole group, i.e. sleeping problems, destructive behavior? If yes, explain:

\_\_\_\_\_  
*Please complete Medical and Allergy Information on reverse side.*

