



Friendship Bible Class Student Registration

Participant Information:

Name: _____ Gender: _____ Birthdate: _____
Month Day Year

Preferred Name: _____ Home Phone: (_____) _____

Mailing Address: _____ Email: _____

City: _____

State: _____ Zip Code: _____

Please indicate your living arrangement (check one): Name of Provider : _____

Group Home Private Residence Facility Supportive Living

Emergency Contact Information: During a Friendship Bible Study if we need to contact someone, please notify:

Name: _____ Address: _____

Home Phone: (_____) _____ City: _____

Cell Phone: (_____) _____ (preferable) State: _____ Zip Code: _____

Email: _____ Relationship to Applicant: _____

Medical/Dietary Information: Many times there are snacks served during a Friendship Bible Study. Please answer the following questions concerning the applicant's dietary needs and limitations:

1. Is the applicant diabetic? Yes No 2. If yes, specify restrictions: _____
3. Does the applicant have any food allergies? Yes No If yes, please explain: _____
4. Is the applicant allowed only one serving? Yes No
5. Please list any other dietary restrictions/feeding assistance required: _____

Does the applicant have a history of seizures? Yes No If yes, Is he/she on any seizure medication? Yes No

Which type? Focal Grand Mal Absent

How often does the applicant experience seizures? _____

When answering the following questions, please note that all activities are closely supervised with staff/volunteers.

- Does the applicant have permission to participate in craft activities? Yes No
- Does the applicant have permission to participate in group games? Yes No
- Describe any limits on activities: _____

What is the applicant's Christian background? *Answers are for informational purposes only and will not determine applicant's eligibility.*

Attends church regularly at _____ Denomination: _____

- Currently does NOT attend church but has in the past
- Has Christian background. Has no Christian background
- Does NOT own a Bible

(OVER)

Mental Ability & Social Interaction Skills:

1. Applicant's mental ability: (check one) Applicant's developmental / intellectual ability is
 Mild Moderate Severe
2. Describe the nature of the applicant's disability: _____
3. Is the applicant verbal or nonverbal? Verbal Nonverbal
4. Does the guest have difficulty expressing thoughts and / or wants? Yes No
If yes, how can communication take place? _____
5. Describe applicant's behavior by checking the appropriate box(es) below:
 No unusual behavior Verbally aggressive Physically aggressive Withdrawn / shy
 Wanders away Temper tantrums Home sickness
 Attaches self to male staff / volunteers Attaches self to female staff / volunteers
6. If behavioral problems arise, how should volunteers deal with the problem? _____
7. Please state any other information you would like to share about the applicant: _____

Friendship Bible Study Liability Release

I understand that this consent and liability release is being given to Hope Lutheran Church. I hereby consent to participation in the described Friendship Bible Study events. Participation includes activities for all Friendship Bible Studies attended during the 2013-2014 Friendship Bible Study season. I have read the informational material related to Friendship Bible Studies and understand the risks involved in the planned activities. I am aware that the applicant may participate in activities such as Bible study, worship, group games, craft activities, snacks, and transportation. I understand, agree and authorize that if the person named below is 18 years of age or older, a criminal records/sexual abuse check might be conducted for the protection of the students and volunteers. Any information regarding a conviction may be released to the supporting congregation involved. This information will be held confidential. I agree to hold harmless from liability any person or organization that provides or releases information.

I RELEASE AND FOREVER DISCHARGE, HOPE LUTHERAN CHURCH, THEIR AGENTS, THEIR SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY PARTICIPATION, OR THE PARTICIPATION OF THE PERSON NAMED ABOVE, IN ATTENDANCE AT, AND TRAVEL TO AND FROM THIS EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS HOPE LUTHERAN CHURCH (CONGREGATION AND FACILITY), ITS AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR THE PERSON NAMED ABOVE, BY ANYONE ON BEHALF OF ME OR THE PERSON NAMED ABOVE, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR THE PERSON NAMED ABOVE DURING THE EVENT OR TRAVEL TO AND FROM THE SAME.

I hereby grant Hope Lutheran Church the right to use participant's name, stories of events, image and likeness, and sound recordings taken while at Friendship Bible Study for publicity purposes for a period of 5 years. The right to use these images and recordings are understood to include the right to make and use reproductions/copyright and distribute the materials as a whole or in part. I, the undersigned, hereby acknowledge that I have read the foregoing, understand its content, and have signed the same as my own free act and deed.

Signature required below.

Signature (21 and over) Volunteer / Student / Parent / Legal Guardian / Caregiver

Date: _____

Mail completed application to:

Hope Lutheran Church
ATTN: Friendship Bible Study
2308 Gravois Rd.
High Ridge, MO 63049

If you have any questions, feel free to contact us at hlcfriendshipbiblestudy@gmail.com
or find us online at www.hopehighridge.org/disabilities-ministry.