



## St. Matthew's Lutheran Girl Pioneers Registration Form

Participants Name \_\_\_\_\_ Grade entering in fall of 2007 \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

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

### Medical History

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

Illness (Diabetes, Epilepsy, Asthma, etc.): \_\_\_\_\_

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

Tetanus Shot Date \_\_\_\_\_ Booster Date \_\_\_\_\_

Blood Type \_\_\_\_\_

Personal Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have given all information requested and herewith consent that \_\_\_\_\_ be taken on outings, etc. at various and diverse times by Senior and trained Leaders of St. Matthew's LGP and do hereby absolve them of all responsibility and liability resulting from any injury that the minor child might sustain on such outings and trips, and further grant them specific permission to give the child emergency treatment as they deem necessary as a result of injury or illness.

\_\_\_\_\_  
Parent or Guardian Signature Date

I am interested in helping out in the following areas:

\_\_\_\_\_ Helping out my child's leader on a specific craft night

\_\_\_\_\_ Being a driver on specific outings

\_\_\_\_\_ I would like to come and teach a certain skill or craft to the girls

\_\_\_\_\_ I am interested in being a leader

\_\_\_\_\_ At this time, I am unable to help, but will pray for the LGP program

Second Home Address (if applicable):

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Email Address Work Phone

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