

## Hello Parents and Students,

The beginning of the 2010-2011 SOV Student Ministry year is right around the corner. Please complete the information/sign up form found on the reverse side of this page. As the new Student Ministries Director, I want to express how excited I am to meet and know the students that attend SOV. God has birthed within my wife Christina and me, a passion to see students connect with Jesus and live a life that inspires others to do the same! We believe this can be accomplished through relevant small groups, monthly worship services, fun activities, and serving opportunities throughout the year. But we cannot do this on our own. We need your help to develop devoted followers of Christ. Here is how you can help us:

†**Instill Christ centered values at home.**

†**Encourage your student to regularly attend the Student Ministry services and activities.**

†**Prayerfully consider giving of your time by becoming a committed leader, help with logistics or serving at events.**

We are asking you to fill out as detailed and accurate as possible your student and parent contact information by **Sunday, August 29<sup>th</sup>** so we can place your student in a small home in either Hudson or Stillwater. You can mail it back to the church, drop it in my mailbox, or at the information kiosk.

Shepherd of the Valley Lutheran Church

ATTN: Sam Dittrich

14107 Hudson Rd. South

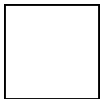
Afton, MN 55001

**Want more information??** You can find more about the Senior High Ministry on the Shepherd of the Valley website:

<http://www.shepherd-lutheran.org/youthsenior.html>



## 2010-2011 Student Ministries Senior High Registration Card



Student Name (print)		Gender (M/F)	Birthdate (MM/DD/YYYY)
School (2010-2011)		Grade (Fall 2010)	
Home Address (City, State, Zip)		Home Telephone (xxx.xxx.xxxx)	
Parent 1 E-Mail Address	Parent 1 Telephone (xxx.xxx.xxxx)	Small Group Preference <input type="checkbox"/> Hudson <input type="checkbox"/> Stillwater	
Parent 2 E-Mail Address	Parent 2 Telephone (xxx.xxx.xxxx)		

### Parent Involvement (Check Boxes where available to help)

Parent 1 (Name)	Parent 2 (Name)
<input type="checkbox"/> Be a committed Small Group Leader <input type="checkbox"/> Help on Wednesdays (concessions, setup, etc.) <input type="checkbox"/> Serve at various Student Ministry events	<input type="checkbox"/> Be a committed Small Group Leader <input type="checkbox"/> Help on Wednesdays (concessions, setup, etc.) <input type="checkbox"/> Serve at various Student Ministry events



# PARTICIPANT RELEASE FORM

Student Ministries Department

Shepherd of the Valley Lutheran Church  
14107 Hudson Road South  
Afton, Minnesota 55001  
651.436.8248

## STUDENT AGREEMENT

The following are guidelines and expectations of the Student Ministry at Shepherd of the Valley Lutheran Church. These need to be understood and accepted before participating in any event or activity. Please read through completely and if any guidelines and expectations are unclear or unreasonable, please contact the Student Ministry Staff prior to leaving for the event.

- I will respect others and their property and the property that we are using during our event.
- I understand that I am part of a Christian community.
- I will be an active participant and be on time for all activities and group meetings.
- I will respect staff and leaders.
- I will not bring or use drugs, alcohol or tobacco during any event or Shepherd of the Valley sponsored activity.
- I will not engage in inappropriate sexual conduct.

*I have read the above expectations and I will make a commitment to follow them during the event. I understand that I may be sent home as a result of illness or discipline problems.*

_____	_____
Student Signature	Birth Date
_____	_____
Print Name	Grade

## PARENT PERMISSION

- I give my child permission to participate and be transported and supervised by Shepherd of the Valley Student Ministry Staff and leaders. I understand that if my child is dismissed from an event, it will be my responsibility to transport my child from the event.*
- I understand that my child will be participating in physical activities and may not always be supervised by an adult. I give permission for an adult leader to seek emergency medical care for my child if needed.*
- I give permission to use photos of my child on website and printed materials. (Optional)*

_____	_____
Parent or Guardian Signature	Date
_____	_____
Home Phone	Secondary Phone
_____	_____
Emergency Contact	Emergency Contact Phone

## HEALTH INSURANCE INFORMATION

_____	_____
Health Insurance Company	Policy Number
Medical Concerns _____	

**Please make a copy of both sides of your Insurance Card and submit with this form.**