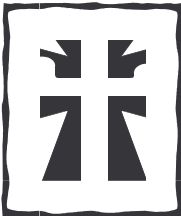


Last Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_

**TANQUE VERDE LUTHERAN CHURCH**  
 8625 E Tanque Verde Rd, Tucson, AZ, 85749  
 Church Office: 749-1606  
 Email: vickiejones@tvlc.org



**E.D.G.E Registration Form 2009—2010**

**E**very **D**ay **G**od **E**xperiences  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Age \_\_\_\_\_ 2009/10 grade \_\_\_\_\_ School \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Baptismal date \_\_\_\_/\_\_\_\_/\_\_\_\_ & place \_\_\_\_\_  
**Middle School Youth**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Child's Email: \_\_\_\_\_

Caring Adult's Email: \_\_\_\_\_ Caring Adult's Name: \_\_\_\_\_

Caring Adult's relationship to youth: \_\_\_\_\_

Caring Adults preferred method of communication Email \_\_\_\_\_ Text message \_\_\_\_\_  
 Phone call \_\_\_\_\_ Regular Mail (when time permits) \_\_\_\_\_

**Adult Volunteer help:**

- Small Group Guide
- Driver
- Fellowship Event Helper
- Servant Event Helper
- Retreat Volunteer
- Prop Builder
- Music Leader/Helper
- Sunday School Helper
- Other

*I understand that Tanque Verde Lutheran Church is not responsible in case of injury or loss of property. I also understand that if medical treatment is required every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of licensed medical personnel for my child and administer emergency medical attention and, if necessary, admit the child to the nearest hospital.*

*I also understand that if it is necessary to dismiss my child during this event for disciplinary reasons, I am responsible to come and pick him or her up immediately or arrange suitable transportation home.*

*I understand that it is my responsibility to inform the church office of any changes to the above information. I will keep staff and sponsors alerted to any changes, permanent or temporary, in my youth's medical condition and to include medications being taken.*

*I give my child permission to participate in all servant/fellowship events including transportation by a church volunteer or church staff when necessary, following "Safe Church" guidelines (for copy of policy, see operations Director, Fred Heinrichs).*

**Allergies (including food), medical conditions, medicines currently being taken, and other important information:** \_\_\_\_\_  
 \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration due by September 1st 2009: \_\_\_\_\_ \$ 60.00 (\$30/materials, \$30/ Fall Retreat deposit),  
 Lonetree Summer camp deposit of \$50 due by 1 Jan 2010. (Lonetree 21-27 June 2010, form available in Sept)  
 (Date Received: \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Amount: \_\_\_\_\_)

