



Good Shepherd
Lutheran Church

Youth Registration 2026-27

Youth Name: _____

Parents/Guardians names: _____

Address: _____

Primary email Address: _____

Alt. email Address (in case of emergency): _____

Phone Number #1 (primary): _____

Phone Number #2 (alternate): _____

Date of Birth: _____

Age on 8/27/26: _____

Grade in school 2026/2027: _____

Allergies (if any): _____

Other Comments/Concerns: _____

Please check all that apply for your youth's registration:

☐

Sunday School

☐

Confirmation

Photos will be freely used on our social media sites. If you do not want your photo posted, please make every attempt to remove yourself from the scene that's being photographed. Photos of children and youth under the age of 18 will be posted. If you want your child excluded from photos, you must sign below to exclude and we encourage you to discuss with your child prior to the event. Photos of children or youth under the age of 18 will not be captioned with full names. If any picture you think is found objectionable on the GSLC website, please notify media@gslutheran.org or youthfamministry@gslutheran.org as quickly as possible.

I wish for my child to be **excluded** from photos _____

(Name of child/Relationship to child)

Guardian Signature

Date

Please Make sure you have updated Medical and Agreement to Participate Forms.