

# Woodbury Lutheran Church – Adult Disability Ministries 2025-2026 Registration and Permission Form

Please PRINT ALL information. This information will assist us in meeting the needs and ensuring the safety of each participant. **ALL PARTICIPANTS are required to complete this form** whether attending events with caregivers or attending independently.

Please return your completed form to: Woodbury Lutheran Church, ATTN: Disability Ministry  
7380 Afton Rd., Woodbury, MN 55125

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
\_\_\_\_\_ Please check if you would like us to send you a birthday card.

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email address: \_\_\_\_\_  
*Please check one:* ☐ Group Home ☐ Parent/Guardian ☐ Other

## EMERGENCY CONTACTS:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH INFORMATION: (*What should we know to ensure this individual's safety? e.g. allergies; seizures; diet;*)

BEHAVIOR & SUPERVISION: (*What should we know to ensure this individual has an enjoyable experience with us?*)

## COMMUNICATION ABILITY:

☐ Verbal ☐ Nonverbal ☐ Uses Gestures ☐ Sign Language ☐ Communication Device

## CHECK ANY EVENTS OF INTEREST (all events are at Woodbury Lutheran Valley Creek Campus):

☐ **Faith & Friends:** Sunday Bible Class, 9:00am-10:00am, Genesis Room. (Begins 9/21/2025.)

☐ **Hearts & Hands:** Monthly (October-April) fellowship/service opportunities. (Begins 10/12/2025; meet in The Bridge.) **See schedule for details.**

☐ **Faith In Action Day:** (November 8th) connect with friends while doing a service project.

**RELIGIOUS BACKGROUND:** *Please be assured that our programs are open to all members of the community.*  
**The following questions are OPTIONAL.** *We ask them only so that we can serve you better.*  
**Please feel free to contact our church if you are ever in need of pastoral care.**

What is your church background? \_\_\_\_\_

**Baptism:** Are you baptized? ☐ Yes ☐ No ☐ Not Sure

Would you like to speak to someone about being baptized? ☐ Yes ☐ No

**First Communion:** Have you received instruction for First Communion? ☐ Yes ☐ No

If not, would you like to learn about Holy Communion? ☐ Yes ☐ No

**Confirmation:** Are you confirmed? ☐ Yes ☐ No

Would you like to talk to someone about being confirmed in the Lutheran faith? ☐ Yes ☐ No

**2025-2026 EMERGENCY MEDICAL CARE RELEASE:**  
*Parent/Guardian please read and sign.*

For guests from group homes who will **always** be accompanied by a caregiver during Hearts and Hands events, please sign and date here. Any additional information on this page will be optional:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**ALL unaccompanied guests**, please complete and sign the following information:

I/we, the parents or guardians of the above individual, do hereby grant permission for Woodbury Lutheran Church staff and Disability Ministry Volunteers, to take whatever steps may be necessary to administer or obtain emergency medical care, depending upon the severity of the situation, in case of injury to or illness of the above-named individual. These steps may include but are not limited to, the following:

1. Calling 911, if necessary
2. Attempting to contact the parents or guardian, the individual's physician or emergency contacts for this individual.
3. If I/we cannot be reached, or the individual's physician cannot be contacted, one or both of the following will be done:
  - a. Call another physician.
  - b. Arrange to have this individual taken to an emergency hospital in the company of a volunteer.

I/we will pay for any expenses that may result from the above emergency care.

Woodbury Lutheran Church will not be responsible for any injuries or illnesses that may happen as a result of false information given at the time of registration for the Adult Disability Ministry Programs.

The health insurance policy covering care for this individual is:

Issued to: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I/we hereby authorize the following licensed physician to give emergency care to this individual:

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If unavailable, another licensed physician may treat this individual.

**Signature Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_