

# GOLDEN TICKET

## LINWOOD STUDENT MINISTRIES



Communication is key for the success of a ministry. The more you know about what is going on, the better the youth group is. The more we communicate with each other, the happier everyone is. **It all starts here.** Please fill out this information and turn it back as soon as possible. Questions: youth@linwoodchurch.org

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

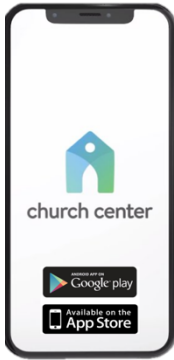
Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
(Adult Size Only)

Student's cell: ( \_\_\_\_\_ ) \_\_\_\_\_

NO, by parent/guardian initialing here \_\_\_\_\_ I DO NOT give permission for either the NextGen Pastor or any LSM Adult Leaders to text my student directly. By marking no, I understand they will not be able to use the Church Center App nor communicate with leaders of Linwood.



Student's email: \_\_\_\_\_



## WHY SHOULD YOUR STUDENT DOWNLOAD THE FREE APP!?!

- Secure Check-In for mid-week services
- Register for upcoming events
- Stay connected with Breakout Groups (small groups) interactions

*If student doesn't have a mobile phone. No problem. You can still access via a computer. Parents/guardians may download the app as well. In fact, it is highly encouraged.*



Scan this QR code with your cell phone camera app to get access to Church Center for Linwood  
 -OR-  
<https://linwoodchurch.churchcenter.com/home>

Guardian's Name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1) \_\_\_\_\_ 's (Insert guardian #1 name) cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Guardian #1's email: \_\_\_\_\_

- Yes, please add or continue to include the guardian's email into **LSM's Update** (emergency announcements, weekly email and parent resources)

2) \_\_\_\_\_ 's (Insert guardian #2 name) cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Guardian #2's email: \_\_\_\_\_

- Yes, please add or continue to include the guardian's email into **LSM's Update** (emergency announcements, weekly email and parent resources)

Admin Only:  
 (initials) \_\_\_\_\_

Info and Golden Ticket added to Planning Center People on: \_\_\_\_\_

**BACK SIDE FOR MORE INFO**

# Consent, Medical Release Form

(Valid thru Sept 1<sup>st</sup>, 2026)

## Alternate Emergency Contact

(not immediate family, in case we can't contact you): \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Relation to student: \_\_\_\_\_

## Student's Medical Information

List allergies or medical conditions: \_\_\_\_\_

Any special notes: \_\_\_\_\_

Medical insurance provider: \_\_\_\_\_

Policy/group number: \_\_\_\_\_

## Yearly Blanket Release and Consent to Treat Form

I hereby grant permission for my child named above to participate fully in any or all of the activities/programs (the "Activities") that are held on or off-site with the ministries of the Linwood Wesleyan Church (the "Church") during the period commencing with the date of this form and ending September 1<sup>st</sup>, 2026. This document must be signed by all participants and on file prior to first participation. The undersigned, his/her heirs, executors, administrators, guardians, and/or parent(s) assigns on behalf of himself/herself, individually, and on release, waive, absolve, indemnify, agree to hold harmless, and discharge Linwood Wesleyan Church and their agents, employees, representatives, successors, volunteers, elders and assigns, from any and all liability for claims, demands, actions, judgments, and executors which may arise from any injury, loss, or damage resulting from the use by the undersigned or his/her family of outdoor facilities, indoor facilities, the grounds, their equipment and apparatus, owned and maintained by the said entity at their respective locations or resulting from attendance at any and all campus and off campus events or sponsored activities. I further understand that photos and videos of Linwood Wesleyan Church events will be taken and authorize the taking and publication of photographs and videos of my child via the Internet or other medium.

In the event my son/daughter, in the opinion of Linwood Wesleyan Church its volunteers, staff, or agents, needs medical care beyond first aid and over-the-counter (non-prescription) medications, I give my consent and permission for such medical care to be obtained on behalf of my child and further give consent to any treatment recommended by the medical personnel consulted. I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Linwood Wesleyan Church.

The consideration to the undersigned, for the execution of this release of liability, is the permission to him/her, and their minor children, by Linwood Wesleyan Church to use the above stated facilities, grounds, equipment, and apparatus, according to the guidelines of the event or activity.

Signature: \_\_\_\_\_

(The Guardian of the student under the age of 18 OR the signature of the student who is 18 and over)

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



Office Use Only  
Planning Center Notification