

# 2025

## Registration Form



4U is open to students in Year 9 to Year 12 who want to grow in their faith and knowledge of God through playing, learning and serving.

**Where:** Good Shepherd Lutheran Church  
 115 Eumundi Rd, Noosaville Qld 4566 (Unless otherwise notified)  
**When:** Friday nights from 6:30pm – 8:30pm (see schedule)  
**Cost:** \$10 per term/ \$40 per year (to help cover expenses)

It will be great to see your child join in the activities we have planned. For us to provide the best level of care while your child is under our supervision, we require that you fill out and return the **registration form** below and the **attached medical information sheet**. These forms need to be filled out for each child once per year. Other forms may be required for special events throughout the year. All information provided will be treated confidentially within our team. We look forward to growing in faith with your children and supporting you in faith as a family. If you have any questions or concerns, please contact: Pastor Mark Hansen 0437485456.

### PERSONAL CONTACT DETAILS

Child's Given name	Surname	Male /Female	Date of Birth
Parents Names	Parent Email Contact		
Home Address	Home Phone	Mobile Phone	
Postal Address (if different from above)	Child Phone (optional)	Child email contact (optional)	
Who will collect your child at the end of the program? Please nominate either yourself or another trusted adult:			

### Your Agreement With Us

- I have filled out both sides of the medical information form and returned with this form. (circle one) Yes No
- I give my permission to have photos taken of my child during events with to be used for promotion. (circle) Yes No
- I have enclosed \$10/\$40 for fee. (circle) Yes No Amount: \_\_\_\_\_
- I understand that although the leaders will take all reasonable care to ensure both the comfort and safety of my child, there is still a risk that an accident may occur.
- By signing this form, I give my permission for my child to participate in 4U 2025.

Name of Caregiver

Signature of Caregiver

Date