

2024-2025 Family-Style Sunday School Registration All ages and their parents/caregivers welcome! Sunday mornings 9:00 – 9:45 a.m.

Date: Membe	rs of Trinity? <u>Yes/No</u> (All are Welcome!)
Family Information:	
Parent/Guardian Name(s) Attending with Child(ren):	Cell Phone:
	Cell Phone:
Address:	Home Phone:
	Email:
Emergency Contact:	Emergency Contact Phone:
Student Information: (For safety reasons, all children must ha	
Child's Name:	Grade as of Sept. 8
Date of Birth:	Age as of Sept. 8
Special concerns: (allergies, medications, social, etc.)	Baptized? Yes/No
	Baptism Date:
Medical Insurance Co:	Policy/ID #:
Child's Name:	Grade as of Sept. 8
Date of Birth:	Age as of Sept. 8
Special concerns: (allergies, medications, social, etc.)	Baptized? Yes/No
	Baptism Date:
Medical Insurance Co:	Policy/ID #:
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	Baptism Date:
Medical Insurance Co:	Policy/ID #·

Sunday School 2024-2025 Consent & Authorizations

premises.

Authorization for Participation of Minors: I give permission for to participate in
youth and family ministry activities sponsored by Trinity Lutheran Church for the period of September 1, 2024, to August 31, 2025.
Medical Release: I, the parent/guardian of, authorize a representative of Trinity Lutheran Church to take such action as deemed necessary for the care, welfare and health of my child including the giving and consent of medical treatment when parental/guardian consent shall be unavailable or when circumstances require immediate medical decision.
Media Release: I, the parent/guardian of, give permission for Trinity Lutheran Church to use, publish, or disclose in newsletter, brochures, posters, website, social media, or other media-related vehicles, any photographs, videos, audios, or other material in which my child(ren) and family may have appeared, spoken or written or otherwise been represented. No names shall be attached to any media used.
Participation Release: I acknowledge that participation in Trinity Lutheran Church youth and family activities involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to
infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in Trinity Lutheran Church youth and family activities, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant
(or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the
participant that is authorized by Trinity Lutheran Church or its agents, employees, volunteers, or any other representatives. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and
hold harmless Trinity Lutheran Church and its employees and volunteers for any injury arising directly or indirectly out of Trinity Lutheran Church youth and family activities or transportation to and from the activity,
whether such injury arises out of the negligence of Trinity Lutheran Church, the participant, or otherwise. If a
dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to
resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or
parent/guardian) and Trinity Lutheran Church cannot agree upon such a process, the dispute will be submitted
to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration
Association. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order
to utilize and participate in the services of Trinity Lutheran Church and enter Trinity Lutheran Church's

Parent/Legal Guardian Signature: _______Date: ______