



**Augustus Lutheran Church  
Sunday School Registration**

2016/2017

Students Full Names: <i>(First, Middle, Last, Suffix)</i>	Birth Date	Baptism Date	Current School	Current Grade

Parents' Names: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Parents' PRIMARY Cell Phone: \_\_\_\_\_

Parents' PRIMARY E-mail *(most communication will take place through e-mail)*: \_\_\_\_\_

Anything else we should know about your children? (i.e. allergies, medical conditions, etc.)  
\*continue on reverse if needed

***NOTE: We are a peanut-free school.***

**Emergency Contact Numbers (Please provide 3 Names and Numbers)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Permissions: Do you give your permission to Augustus Lutheran Church to take pictures of your children as part of Sunday School, Youth Group, or other church-related activities? **Yes** **No**  
 Do you give your permission to Augustus Lutheran Church to use photos of your children within the church, and on other media to highlight or advertise the church? **Yes** **No**

Stipulations: \_\_\_\_\_

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

**Release of All Claims**

In consideration of being accepted by the Southeastern PA SYNOD, ELCA for participation in Sunday School I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Southeastern Pennsylvania Synod, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses, Of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also release the participant's name as parlor an information database for the synod and ELCA related entities, and that photos/videos produced by the synod become property of the synod and can be used for ELCA related purposes and publicity.

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