Augustus Lutheran Church Sunday Morning Christian Education Registration Form

Classes are held September- May

(from weekend after Labor Day weekend until weekend before Memorial Day weekend)

(please complete one form per family—return to Sonya Sowards)

Last Name:	_Best phone	est phone number for family:			
Address:					
Best email for family:					
We are: □ Augustus membe	rs □ intere	ested in joinir	ng Augustus □ jus	t visiting	
I would like to help by: □ bring □ serving on the Christian Edu			with a UPC code	□ helpin	g to teach Sunday school
Please join our private Facebo events. Adults:	ok group	"Augustus Su	ınday School" to s	stay up t	o date on Sunday school
Name		Relationship to child(ren)	Cell phone	Email	
<u>Children</u> :					
Name	Gender	Birth date	Baptized? (date if known)	Grade	Medical concerns/allergies

I (we) do for myself (ourselves) and on behalf of my (our) child(ren) do hereby release, forever discharge, and agree to forever hold harmless Augustus Lutheran Church, the Southeastern Pennsylvania Synod, the ELCA, the employees, and th 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 (us) or my (our) child(ren) resulting from said child(ren)'s participation in Sunday school. Further I (we) (and on behalf of our child(ren) 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 (we) am (are) the parent(s) or legal guardian(s) of this (these) participant(s), and hereby grant my (our) permission for him/her/them to participate fully in Sunday school. I (we) also release the participant's name(s) as part of an information database for our church, synod and ELCA-related entities, and that photos/videos produced by the church or synod become property of the synod and can be used for ELCA-related purposes and publicity.