



Augustus Lutheran Church
Sunday School Registration
 2016/2017

Class or
Grade:

Student's Full Name: *(First, Middle, Last, Suffix)*

Parents' Names:

Address:

Home Phone:

Parents' PRIMARY Cell Phone:

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

Child's Date of Birth:

Date & Place of Baptism:

What school does your child attend?

Current Grade:

Anything else we should know about your child? (i.e. allergies, medical conditions, etc.)

NOTE: We are a peanut-free school. Please check your folder for a list of approved snacks.

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 your child's picture 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 child 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: