



FIRST LUTHERAN CHURCH

Evangelical Lutheran Church in America (ELCA)
107 2nd Street, SE, Aitkin, MN 56431
Phone: 218-927-2028



Registration, Health and Release Form for: Sunday School/Youth Events, 9/1/17 - 8/31/18

Name of Youth/Participant: _____ Grade _____ Birthdate _____ M F

____ Parent 1 Name _____

Indicate primary parent contact with X

____ Parent 2 Name _____

(Enter **YOUTH** cell phone & email only if you are approving that this is acceptable correspondence from pastors, leaders & mentors.) Youth Cell Phone _____

Youth Email _____

Parent 1 Address _____ Home Phone _____

Parent 1 Cell Phone _____ Email _____

Parent 2 Address _____ Home Phone _____

Parent 2 Cell _____ Email _____

I give permission for my child (youth participants)/**I agree** (adult participants) to travel to and fully participate in the First Lutheran Church of Aitkin Sunday School Ministry activities and events throughout the 12-month period of 9/1/17 to 8/31/18.

In case of emergency, I understand that every effort will be made to contact parent(s), guardian(s), or other relatives listed below. If the contacts cannot be reached, I hereby give the staff and appointed volunteers of the **First Lutheran Church of Aitkin** or cooperating agencies permission to act on my behalf in seeking emergency treatment for my child/me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that the **First Lutheran Church of Aitkin** is not responsible for related injuries or medical expenses that may occur during Sunday school/youth events.

Name of Parent/Guardian Insured _____ Work Phone _____

Insurance Company & Address _____ Ins Co Phone _____

ID# _____ Group# _____ Policy Holder's Employer _____

Medications/Health Concerns/Allergies (Please include if your child is gluten-free, lactose intolerant, vegetarian):

Emergency Contact: If parent/guardian/spouse is not available, please call relative/person listed below:

Name: _____ Relationship to child _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone: _____ Cell Phone _____

Sunday School Class Attending This Fall:

€3 yr. old (must be 3 by Sept. 1)	€1 st Grade	€4 th Grade
€4 yr. old	€2 nd Grade	€5 th Grade
€Kindergarten	€3 rd Grade	€6 th Grade

VOICE, VIDEO and PHOTOGRAPHY RELEASE - I also understand that pictures and/or videos may be taken of my child/children during confirmation/youth events.

I agree to allow First Lutheran Church to use the following for any purpose whatsoever, in any media throughout the world, including, but not limited to publication in newspapers, magazines and other print and electronic media (including First Lutheran Church web site).

I release, discharge and hold harmless First Lutheran Church and its respective agents from and against any and all claims and liabilities based on or arising out of the use, reproduction, transmission, display, publication, print or dissemination of this information as authorized by this Consent and Release, including, but not limited to, any and all claims of copyright infringement, libel, defamation, invasion of the right of privacy or infringement of the right of publicity.

This Consent and Release is effective from the date set forth below in perpetuity and shall be binding upon any heirs, successors, assigns and legal representatives, and shall insure to the benefit of the legal representative, licensees, successors and assigns of First Lutheran Church.

Parents/Guardians are an important part of our Sunday school ministry! **Please volunteer to help with AT least one of the events** that we provide for youth throughout the year. Both male AND female adults are needed!! Without your help, this ministry is not possible; with your help, this ministry is deeper and better!! Please check the events you would be willing to help with, and you will be contacted with more details and possible dates at a later time:

- | | |
|---|--|
| <input type="checkbox"/> Sunday School co-teacher (weekly commitment) | <input type="checkbox"/> Milestone Events |
| <input type="checkbox"/> Sunday School substitute | <input type="checkbox"/> Prep work at home |
| <input type="checkbox"/> Large Group Leader/Helper | <input type="checkbox"/> End of Year Celebration |
| <input type="checkbox"/> Other Special Events: _____ | |

GROUP COVENANT – Please read and signing below you will also be agreeing to follow these:

- ✓ I will build up and encourage my group by helping, caring, participating, being respectful and sharing responsibility.
- ✓ I will not bring or use dangerous articles, such as firearms, knives, or fireworks of any kind.
- ✓ I will share responsibility for whatever environment we find ourselves in by caring for and preserving that environment.
- ✓ I will not bring or use any alcohol, drugs, or tobacco.
- ✓ I will follow instructions given for the use of personal electronics (CELL PHONES, Ipods, MP3's, etc.)
- ✓ I expect appropriate action, including dismissal and contacting of parents, if I break this covenant.
- ✓ I will follow the stated dress code. Generally by: covering all underwear and cleavage, sleeveless shirts must have at least 2" top strap, no offensive slogans or suggestions, no beer/alcohol shirts.

Participant Signature: _____ Parent/Guardian Signature: _____ Date _____