

OUR SAVIOR LUTHERAN CHURCH

Sunday School Form

YOUTH'S NAME: First _____ Last _____

Youth's Birthday/Age _____ Grade _____

Parent/Guardian _____

Address: _____
(Street) (City/State/Zip)

Email Address: _____

Home Telephone _____ Cell Phone _____

EMERGENCY INFORMATION in case parent cannot be reached:

Name: _____

Telephone: _____ (Home) _____ (Cell)

Relationship to child: _____

SPECIAL MEDICAL OR ALLERGY INFORMATION that the church should know about:

AGREEMENT AND RELEASE OF LIABILITY:

I hereby allow the release of photographs produced by the church to be used for church-related purposes and publicity. As legal guardian of the minor who participates in church programs, I accept unto myself all responsibility and all liability for any injury or loss or damage that occurs to me and/or to the minor as a result of the minor's participation in church programs. I will indemnify and hold harmless the ELCA, Our Savior Lutheran Church and its agents from all claims, judgments, and costs incurred with any action that may be brought as a result of the minor's participation in church programs.

I understand and agree to these terms:

Parent/Guardian _____ Date _____