

FIRST LUTHERAN CHURCH

Sunday & Wednesday Classes

Please Complete this form, sign, and drop it off at the Church office
or the Drop box in front of the Church Office.

Volunteers: I (adult or youth entering 6th grade or older) would like to help with:

Music Teaching Pre-K K-1 2-3rd 4-5th Gr.

Student Information:

Student's Name _____

Birth Date _____ Grade child will be in for school year 2011-2012 _____

Are you a member of FLC? Are you a member at another church? _____

Parents Names _____

E:Mail _____ Phone: (cell) _____ (work) _____ (home) _____

Home Address _____

If we can't reach you, who should we contact?

Emergency Contact Name _____ Relationship _____

Emergency Contact Number (s)(home) _____ (cell) _____

Known allergies or medical concerns: _____

First Lutheran Church Medical Release, Indemnification & Photo Release Form

In the event of a medical emergency, I authorize medical treatment for the above named child/youth as deemed necessary by a First Lutheran Church representative or by a physician. I expressly assume any and all risks of injury arising from or relating to the activities, with the understanding that activities are planned to be safe, fun, and that youth are supervised at all times. I have given my child permission to participate in classes at First Lutheran Church and waive and release any and all suits or demands of any kind or nature to whatsoever against First Lutheran Church, staff, volunteers, or representatives arising from or relating in any way to the participant's voluntary participation in said activities. I also give First Lutheran Church permission to photograph the participant and for those photos to be used by First Lutheran Church in communicating with the congregation and the wider community. I know that I can retract this permission for photo use at any time by contacting the Pastor or Youth Director in writing.

I have read, understood, and agreed to the information I have signed to on this form.

Signed _____ Date _____