

**Advent Lutheran Church
Sunday School Registration Form 2015-16**

Child Name	Birthday	Grade Fall 2015	Allergies	Baptized Y/N	First Communion Y/N

Anything we need to know about any child: _____

Address _____ City _____
 Home Phone _____
 Mother name _____ email _____ cell phone _____
 Father Name _____ email _____ cell phone _____
 Other Contact Name _____ cell phone _____
 What is your preferred method to be contacted? Call, text or email? _____

Photo Release
 This release is for the purpose of putting pictures of youth on Advent Lutheran Church website/social media. No names will be added, just photos of our youth engaging in group/solo activities.
 _____ I give my permission
 _____ I do not give permission

Parent Volunteer Options
 _____ Classroom Sub
 _____ Sunday school teacher
 _____ Christmas Program
 _____ Vacation Bible school
 _____ Other

Activity Permission Slip for the 2015-16 Calendar Year

This Activity Permission Slip will cover any activities my child will participate in at Advent Lutheran Church. I agree to immediately inform Advent Lutheran Church leaders of any changes in my child's health condition, illnesses, medical coverage, allergies, medication, and contact information, and/or other pertinent information.

I (the Parent/Guardian) understand that there are certain risks involved in participating in any church-sponsored event. It cannot be expected that Advent Lutheran Church or it's agents be held responsible for accidents or injuries, physical or psychological, which may occur during the course of this year's activities. In any situation, every effort will be made to provide a fun and safe environment. I understand that Advent Lutheran church or its agents cannot possibly foresee every circumstance, but will make a reasonable effort to ensure the safety of all participants.

In the event an emergency arises, the designated agent of Advent Lutheran Church will make every effort to reach me (the Parent/Guardian). If I am off the premises and cannot be reached, I understand that Advent Lutheran Church and it's agents may make decisions regarding diagnosis, treatment or hospital care of my child(ren). I/we release Advent Lutheran Church and it's agents from any liability for any damages resulting from such recommendations.

Parent/Legal Guardian Signature: _____
 Date Signed: _____