



Children & Youth Ministry Registration Form

Family	's Last Nan	ıe	Preferred Contact #				
DADENI	T/CIIADDIA	NI INICODALATION					
		N INFORMATION	Relationship:				
Address							
	Cell Phone		Work Phone				
Parent/	Guardian #2	2	Relationship:				
Address							
;		ferent from above.					
	Cell Phone		Work Phone				
]	Email						
			☐ Father ☐ Other (Please describe):				
Status (of Parents: 🖣	I Married ☐ Separa	ated Divorced Other (Please describe):				
Name Home/	Cell Phone		first attempt at contact will be the parents listed above. Relation				
		CHILD(REN) TO PA					
	I give permissi 2019-2020.	on for my child(ren) to	o participate in the Trinity Lutheran Children & Youth activities/trips for				
	If my child(ren) becomes ill or injured while participating in an event, I give my permission for the Trinity Lutheran Church staff/volunteers to secure proper treatment for my child.						
;	I give Trinity Lutheran Church permission to use photographs, video, and electronic images of my child(ren) and/or family in church promotions. (Brochures, Facebook, Twitter, Web-Site, etc. Names are not shared with out prior approval from parents.)						
	Text messages are sent on a regular basis to students about youth events & opportunities. I give Trinity Lutheran Church staff permission to send texts to my child(ren).						
	Text messages are sent on a regular basis to communicate with parents/guardians regarding children & youth programming. I give Trinity Lutheran Church staff permission to send texts via a messaging program.						
9	Signed		Date				
	(Paren	t or Guardian)					

Participant Information

AGE: Must be age 3 by September 1, 2019 to participate in Sunday School.

SUNDAY SCHOOL DONATION: There is a suggested donation of \$5-10 for

PreK-5th Sunday School to help with the cost of supplies.

CONFIRMATION FEE: There is a \$20 Confirmation Fee due each year a

STUDENT INFORMATION

student is in the Confirmation program.

Student's Full Name				Name Preferred								
Birthdate: Gender:				Age by September 1, 2019 or Grade 2019-2020 School Year:								
☐ Male	☐ Female	PreK Age:	3 4 5									
		Grade:	Kindergarte	n 1	1 2	3	4	5	6	7		
				8	9	10	11	12				
Sunday Sc	hool (Age 3-5t	h Grade) Mido	lle School AM (6-8th	Grade,) S	enior	High	Nig	hts		
God Squad* (K-4th Grade) ReCharge* (5-8th Grade) Confirmation (7-9th Grade)												
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(Allergies/Health Concerns/Learning Disabilities/Family Situations, etc)												
			Name Pre	ferre	1							
Gender:		Age by Se _l	tember 1, 2019	9 or (Grade	2019	9-202	0 Scł	nool	Year:		
☐ Male	☐ Female	PreK Age:	3 4 5									
		Grade:	Kindergarte	n 1	1 2	3	4	5	6	7		
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(Allergies/He	ealth Concerns/I	earning Disabilitie	s/Family Situation	s, etc)								
			Name Pre	ferre	1							
Gender:		Age by Sep	tember 1, 2019	9 or (Grade	2019	9-202	0 Scł	nool	Year:		
☐ Male	☐ Female	PreK Age:	3 4 5									
		Grade:	Kindergarte	n 1	l 2	3	4	5	6	7		
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God Squad* (K-4th Grade) ReCharge* (5-8th Grade) Confirmation (7-9th Grade)												
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(Allergies/He	ealth Concerns/I	earning Disabilitie	s/Family Situation	s, etc)								
	Gender: Male Sunday Sc God Squad *Please chec Gender: Male Gender: Male Gender: Male Gender: Male Gender: D (Allergies/He Allergies/He Gender: D T G T G T G T G T G T G T G T	Gender: Male Female Sunday School (Age 3-5th God Squad* (K-4th Grade *Please check for God Squad * (Allergies/Health Concerns/IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Gender: Age by Sep Grade: Grade: Sunday School (Age 3-5th Grade) Midd God Squad* (K-4th Grade) ReCharge* *Please check for God Squad & ReCharge af Does not need transportation (Allergies/Health Concerns/Learning Disabilitie) Gender: Age by Sep Male Female PreK Age: Grade: Sunday School (Age 3-5th Grade) Midd God Squad* (K-4th Grade) ReCharge* *Please check for God Squad & ReCharge af Does not need transportation (Allergies/Health Concerns/Learning Disabilitie) Gender: Age by Sep PreK Age: Grade: Gender: Age by Sep PreK Age: Grade: Gender: Age by Sep PreK Age: Grade: Gender: Age by Sep ReCharge af Does not need transportation Recharge af Recharge af Does 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Children, Youth & Family Ministry 1401 Madison Avenue Detroit Lakes, MN 56501 218-847-7211



Liability & Medical Release Form Release of All Claims August 2019 - August 2020

Do not repay anyone evil for evil. Be careful to do what is right in the eyes of everybody. If it is possible, as far as it depends on you, live at peace with everyone. Romans 12:17-18

In consideration for being accepted by **Trinity Lutheran Church**, **1401 Madison Avenue**, **Detroit Lakes**, **MN** for participation in **Trinity Lutheran Church sponsored activities** for the time of **August 2019 thru August 2020**, we (I), being 18 years of age or older do for ourselves (myself) (and for and on behalf of my child-participant(s) if said child (children) is (are) not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless **Trinity Lutheran Church** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activities.

Furthermore, we (I) (and for and on behalf of my child-participant(s) if said child (children) is (are) not 18 years of age or older) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

Furthermore, authorization and permission is hereby given to said church for any publicity photographs taken of this participant to be used for promotional purposes.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, volunteers and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant hereto.

If the participant has not attained the age of 18 years:

We (I) are the parent(s) or legal guardian(s) of this (these)participant(s)t, and hereby grant our (my) permission for him (her) (them) to participate fully in said activities, and hereby give our (my) permission to take said participant(s) to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any.

Further, should it be necessary for the participant(s) to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Print Name of Participant(s)			
. ,	Please list all fami	ly members participating in opportunities at Trinity.	
Hospital InsuranceYESNO			
Insurance Company		Policy/Group Number	
Physician		Physician's Phone #	
Emergency Contact		Emergency Contact's Phone #	
Participant's Signature (If Age 18 or Older)	Date	Parent/Guardian's Signature	Date