

SUNDAY SCHOOL @ GLC

REGISTER TODAY!!!

Child's Name

Birth Date

Grade in September

Volunteering

I am interested in helping in the following ways this Sunday School year. (Please check at least two):

_____ Teach as part of a rotating team. (Curriculum and supplies are provided for you.)

_____ Fill-in teacher. (Bre will let you know the week before if we have an illness or anything.)

_____ Help with Christmas Program

_____ Bring Fellowship treats or help serve them, when it is Sunday School's turn to provide them.

Contact Information

Parent / Guardian _____ Cell Phone _____

Address _____ City _____ Zip _____

E-Mail _____

Emergency Contact; Relation & Phone # _____

Medical Information

Dietary restrictions / allergies _____

Medications receiving (if during Sunday School hours) _____

Does your child have permission to be dispensed the following? (Please check those applicable)

OTC Medications _____ Basic First Aid _____ Medications prescribed to them _____

Emergency medical treatment _____ Additional medical information:

Please flip the page over to sign the liabilities and waivers!

Release of Liability

By signing this form, I expressly warrant that the child(ren) named above is(are); or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also assume all risks to the child(ren) or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its leaders, employees, volunteers and agents from any claim that my child(ren) may have, or that I may have, against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims or that members of the child(ren)'s, or my, family or estate heirs or representatives may have against the church or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its leaders, employees, volunteers, or agents from any and all claims arising from my child(ren)'s, or my, participation in its activities and programs, or as a result of injury or illness of my child(ren) or myself during such activities.

Parent / Guardian Signature _____ Date _____

Photography and Social Media Release

_____ I give my permission for my child(ren)'s photograph/video to be taken and used for church related publications, social media, etc. relating to Gilbert Lutheran Church events.

_____ I **DO NOT** give my permission for child(ren)'s photograph/video to be used for any reason.

I do not hold Gilbert Lutheran Church responsible for posting to social media sites by other youth attending events with my child(ren). I also do not hold the church and its leaders, employees, volunteers, and agents responsible for pictures and videos taken by my child(ren).

Parent / Guardian Signature _____ Date _____