



# Zion Lutheran Church

## Sunday School & Youth Ministry

### 2024-25 Registration Form

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Parent 1 / Guardian Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent 2 / Guardian Name \_\_\_\_\_ Cell # \_\_\_\_\_

Primary Mailing Address \_\_\_\_\_

Secondary Mailing Address (if any) \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

Name of person normally picking up your child from Sunday School: \_\_\_\_\_

*(Please remember that your PreK – 6<sup>th</sup> grade child is not allowed to leave Sunday School unaccompanied.)*

Emergency Contact Name (*other than parent*) \_\_\_\_\_

Cell # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Details of any medical or additional support needs that may affect the child’s ability to participate in activities (*including any medication*):

---



---

Details of any other information you feel would be helpful for the teachers to know about your child:

---



---

Please list any medical conditions (asthma, diabetes, epilepsy, etc.):

*Please answer in detail or write N/A. Use additional sheet if necessary.*

Any known allergies (including to any medication)?

---

Does your child carry an EPI Pen?                      YES                      NO

*(see reverse)*

I give permission for my child to attend the Zion Lutheran Church Sunday School children/youth ministry activities and events during the period of September 1, 2024 – August 31, 2025. By allowing my child to attend I give permission for my child's details to be stored by Zion Lutheran Church (this may be on computer) for Sunday School purposes as considered necessary, and for any photographs and video which may feature my child to be made during Sunday School and used by Zion Lutheran Church.

Should there be any change to the details given on this form I understand that it is my responsibility to inform the Director of Youth & Family Ministry.

In the unlikely event of illness or accident I give permission for any necessary emergency first aid or medical treatment to be given. In an emergency and if I am not contactable, I am willing for my child to receive hospital treatment. I understand that every reasonable effort will be made to contact me as soon as possible.

**LIABILITY RELEASE:** In consideration of Zion Lutheran Church allowing my child to participate in youth ministry for Sunday School, Youth Group (*On-site activities, Off-site events, Retreats, Lock-Ins, and Trips*), I do hereby release, forever discharge, and agree to hold harmless Zion Lutheran Church, its pastor, directors, employees, volunteers and teachers (*collectively herein "the Church"*) from any and all liability, claims or demands for accidental 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 Participant while involved in youth activities. Furthermore, I, on behalf of my youth participant, hereby assume all risk and expenses as a result of participation in activities involved therein. \_\_\_\_\_ Parent/Guardian Initials

**PHOTO RELEASE:** I give permission for any photographs / video which may feature my child to be made during the youth ministry activities and to be used by the Church. \_\_\_\_\_ Parent/Guardian Initials

Name of parent/guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_