2018 Student Participation Form

Trinity Lutheran Church Wyandotte, MI

Contact Information

Name of Student_____ Date of Birth___/___/___

Address_____City_____State_____Zip_____

Home Phone (_____)_____ email _____

Emergency Contact Parent/Guardian Name_____Relationship_____

Address (if different from student)_____

Home Phone (____)_____ Alt Phone (____)_____

Alternate Contact Person_____ Relationship _____

Home Phone (____)_____ Alt. Phone (____)_____

Student Health Information

Pre-existing or present medical conditions_____

Any food allergies?_____

Any other concerns we should know about?

_____

_____

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_____

Statements: As the parent or custodial adult of _____,I give permission for my child to participate in the activities of Trinity Lutheran Church. In consideration of the opportunity of my child to participate in the activities of Trinity Lutheran Church, I release Trinity Lutheran Church, its officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child arising from my child's participation; and I agree to indemnify and hold forever harmless Trinity Lutheran Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my child arising from activities on the premises of Trinity Lutheran Church. I understand that my child may be photographed or videotaped while participating in the activities of Trinity Lutheran Church. I give my permission for a recognizable image of my child to be posted on electronic web media or bulletin boards.

Parent/Guardian Signature_____ Date___/____/____