

## SUNDAY SCHOOL PARTICIPATION

PERMISSION IS HEREBY GRANTED TO:

\_\_\_\_\_



to participate in this year's youth group activities, at the church and off of the church grounds. It is understood that all reasonable caution will be taken by those in charge to prevent injuries, but neither those persons in charge or BETHANY LUTHERAN CHURCH and it's agents shall be held responsible in the case of accident or death. It is further agreed that the above youth will abide by the rules and regulations which may govern the activities and will conduct themselves in a manner which is consistent with the Christian Faith.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(Parent or Legal Guardian)

YOUTH: \_\_\_\_\_

## SUNDAY SCHOOL CHRISTMAS PROGRAM INFORMATION

We will be able to participate in the Dec. 16<sup>th</sup> Christmas Program  
(at the 10:30 service) \_\_\_\_\_

We are sorry, but we can't be part of the program this year \_\_\_\_\_



**\*\* PLEASE CONTINUE ON BACK WITH MEDICAL INFORMATION**

Name of Participant \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Gender M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Takes Communion: Yes No

Has Been Baptized: Yes No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Secondary Contact Person** \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Student \_\_\_\_\_

**Health Insurance Information**

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Please indicate below any medical needs the staff & guides should be aware of:**

Allergies (please include insects, food and medications)

\_\_\_\_\_

Any health conditions (asthma, bleeding, cold, flu, chronic condition)

\_\_\_\_\_

Any physical restrictions, broken bones, personality changes, mood swings or depression over the past 6 months, we should be aware of?

\_\_\_\_\_

**Authorization:** I authorize my child to attend the Sunday School events. In the case a medical emergency arises and the emergency contact or myself cannot be reached by phone, I authorize Bethany Lutheran Church and its agents to provide for my child. I have also read and agree with the expectations listed on this form and will support Bethany's leaders in administering any appropriate consequences if expectations are not followed. I further release Bethany Lutheran Church as well as all of its agents, members or employees, for all liability for any accident, injury or claim arising from my child's use of its facilities, transportation or participation in any of its programs. Furthermore, I take full responsibility for any financial cost, which may be incurred, for the care of my youth including emergency transportation and hospitalization. I release Bethany Lutheran Church and all of its agents from any liability for lost, stolen or damaged articles.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_