

**St. Thomas Evangelical Lutheran Church  
Christian Education  
Registration Form  
Photo And Medical Release  
2014-2015 Program Year**

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Child's Name \_\_\_\_\_

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in school \_\_\_\_\_

Household e-mail Address \_\_\_\_\_

Allergies or other conditions we should be aware of  
(food reactions, physical limitations, ADD/ADHD, medications, etc.)

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Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

Policy Holder's Full Name \_\_\_\_\_

Emergency contact (name & phone #) \_\_\_\_\_

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*\*Christian Education includes all of the organized youth activities of St. Thomas Evangelical Lutheran Church, including but not limited to Sunday Morning Christian Education, all youth group activities, Vacation Bible School, the famine event, mission events, etc.*

*Please complete and sign the above, along with the following...*

## MEDICAL RELEASE

I GIVE PERMISSION for my child to participate in youth activities of St. Thomas Evangelical Lutheran Church. My signature below these provisions indicates that I agree with, accept, and acknowledge the information contained in this document.

I HEREBY GIVE PERMISSION for my child, listed above, to participate in all activities of St. Thomas Evangelical Lutheran Church's Christian Education programs and acknowledge and give my permission for my child to attend all activities that may take place on and/or off the grounds of the church, and to be transported to and from said activities.

IF I AM NOT PRESENT at these events and the need arises for my child, listed above, to receive emergency medical attention or treatment, I hereby consent to the giving of first aid treatment and emergency medical treatment described in this paragraph. I understand that basic first aid treatment may be available. In case of illness or injury to my child, I hereby authorize the adult(s) in charge of, or leading the activities therein, the Christian Education program to arrange necessary emergency treatment. I hereby authorize the attending physician to administer any emergency treatment which is deemed necessary.

I ACKNOWLEDGE that I am responsible for any charges incurred in the treatment of my child. I also acknowledge that St. Thomas Evangelical Lutheran Church and the adult(s) in charge of, or leading the activities therein, the Christian Education program are not responsible for any medical bills incurred for any medical treatment provided to my child while in attendance of any Christian Education activity.

I HEREBY REPRESENT that I am the parent or legal guardian of (child's name) \_\_\_\_\_ that I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understood the terms of this agreement.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## PHOTO/VIDEO CONSENT

I HEREBY GRANT PERMISSION to St. Thomas Evangelical Lutheran Church to photograph, audiotape, or videotape my child or myself. Furthermore, I authorize St. Thomas Evangelical Lutheran Church to use all digital, audio, video, or photographic images, recordings or reproductions of our physical likeness and voices as part of St. Thomas Evangelical Lutheran Church's promotional materials for the church, youth activities and/or Sunday Morning Christian Education and fully understand that those materials may be made available to other organizations or through a website or any media outlet, such as television, etc., **which materials may be edited, cropped, and so forth.**

I HEREBY HOLD ST. THOMAS EVANGELICAL LUTHERAN CHURCH HARMLESS and release St. Thomas Evangelical Lutheran Church from all claims for any damages to my child or me which are connected to photographs or videotapes of my child or children made during a St. Thomas Evangelical Lutheran Church activity. This release includes the church and its employees, council members and volunteers.

FOR THE PURPOSE OF THIS CONSENT AND RELEASE FORM, the terms "photograph" and "videotape" shall include similar technologies which capture or record images and sound.

Parent/Guardian Signature (optional) \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_