Sunday School Registration
Heritage Lutheran Church, Brandon, SD

Child's First Name: _____ Child's Last Name: _____

Birth Date: _____ Age: _____ Grade: _____ Baptism Date: _____

Child's First Name: _____Child's Last Name: _____

Birth Date: _____ Age: _____ Grade: _____ Baptism Date: _____

Child's First Name: _____ Child's Last Name: _____

Birth Date: _____ Age: _____ Grade: _____ Baptism Date: _____

Please list additional children on the back of this form.

Parent/Guardian Contact

Name: _____

Address: _____

Phone #: _____ E-Mail: _____

Text (circle) YES NO

Name: _____

Address: _____

Phone #: _____ E-Mail: _____

Text (circle): YES NO

Emergency Contact (other than parent/guardian) who may pick up this child from Sunday School.

Name: _____

Phone #: _____ Relationship: _____

Name: _____

Phone #: _____ Relationship: _____

Allergies/Medical Conditions/Concerns (circle, if yes please explain below): YES NO

Explain: _____

If I am not available, and a medical emergency arises, the supervising teacher has my permission to seek medical help at (Hospital): _____

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Release Form

I/we understand that there are inherent risks involved in any activity, and I/we hereby release Heritage Lutheran Church and its leaders and volunteers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of child(ren)'s involvement with Heritage Lutheran Church. I/we the undersigned, parents, or legal guardians of the above-named participant(s), a minor, have given our consent for him/her/them to participate in an activity organized by Heritage Lutheran Church. In the event that he/she is injured while attending the activity and requires the attention of a doctor, I/we consent to reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital refuses to administer without my/our consent, I/we hereby authorize one of the leaders of Heritage Lutheran Church to give such consent for us if I/we cannot be reached by phone at one of the numbers listed above, or because of an emergency, there is not time or opportunity to make a phone call. In the event it becomes necessary for that person to give consent for us, I/we will agree to hold such person free and harmless of any claim, demands or suits for damages arising from the giving of such consent. I/we also acknowledge that I/we will be responsible for the cost of all medical treatment.

I/we give Heritage Lutheran Church permission to photograph/film the minor(s) designated above for any lawful purpose associated with any Heritage Lutheran Church program.

Parent/Guardian Signature: _____ Date: _____