

2024 Student Participation Form

Trinity Lutheran Church Wyandotte, MI

Contact Information

Name of Student _____ Date of Birth ___/___/___

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ email _____

Home Church _____

Emergency Contact Parent/Guardian

Name _____ Relationship _____

Address (if different from student) _____

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

Alternate Contact Person _____ Relationship _____

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

<input type="checkbox"/> Add me to the email events list.

Student Health Information

Pre-existing or present medical conditions _____

Any food allergies? _____

Any other concerns we should know about?

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 ___/___/___