

2023 - 2024 Children & Youth Registration
Memorial Lutheran Church of Afton
1570 Afton Blvd. S.
Afton, MN 55001

pastor@memoriallutheran.org
churchlifecoordinator@memoriallutheran.org

Student Full Name: _____

Grade: _____

School Attending: _____

Date of Birth: _____

Baptised? Yes ___ Date ___ No ___

Any additional information you feel would be helpful to our leaders?
(allergies, IEP, or other): _____

Parent (s) / Guardian (s): _____

Address: _____ City: _____

State: _____ Zip: _____

Primary Phone: _____

Home: _____

Cell: _____

Work: _____

Email Address: _____

Parent/Guardian 2 (if different from above):

Address: _____ City: _____

State: _____ Zip: _____

Primary Phone: _____

Home: _____

Cell: _____

Work: _____

Email Address: _____

Release from Liability:

Guardians hereby authorize my son/daughter to participate in said activity. Guardians hereby release, forever discharge, and agree to hold harmless, Memorial Lutheran Church of Afton, from the described event, and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the described event. The undersigned further hereby agrees to hold harmless and indemnify, Memorial Lutheran Church of Afton its directors, employees, and agents for liability sustained by said acts of said participant, including any expenses incurred. The undersigned also gives permission for photos to be used online and in print.

Medical Release:

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify Memorial Lutheran Church of Afton, its directors, employees, and agents from any acts of misconduct, and/or failure to act on the part of those chosen to administer medical aid on behalf of the participant.

For Parent/Guardian Signature:

I also understand that if my child is intentionally creating problems or is found in possession of controlled substances, I may be contacted to provide immediate transportation home at our family's expense.

I agree to the above statements: yes _____ no _____

Signature Required: _____