



**Resurrection Lutheran
Church
Registration Form 2018/2019
Ages 3yrs—12th grade**

Child	Child's First and last Name	Age	DOB (mm/dd/yy)	Girl/Boy G or B	Grade/Class 2018/2019 School Year	School Attended
1						
2						
3						
4						

Street address:

City: _____ State: _____ Zip Code: _____

Email of parent or guardian: _____

Emergency Contacts (Please list in order that you would prefer we call)

Name	Relationship to child	Cell phone number	Home/work number
	PARENT		

Allergies or other medical conditions: Please be specific

Notes for Ministry Directors: Any other information that we should be aware of?

SPARK
3yrs - 5th Grade

BLAST
6th - 8th Grade

LAUNCH
9th - 12th Graders

Permission to use photograph

Resurrection Lutheran Church - God Squad 2018/2019

I grant Resurrection Lutheran Church (RLC) the right to take photos of me and my family in connection with God Squad Ministry events. I authorize RLC its assigns and transferees to copyright, use and publish the same in print and electronically. I agree that RLC may use such photos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read and understand the above and give permission for myself and the children listed above.

Date: _____

Signature parent/guardian: _____

Parent/guardian printed name: _____