## Trinity Lutheran Church Friends of Jesus (FOJ)

## Youth Programming Contact Form School Year 2023-2024

	Student 1:	Student 2:	Student 3:
Name:			
Age:			
Grade:			
Cell Number: (if applicable)			
Parent(s)/Guar	rdians(s):		
Contac	t Number(s):		
Home .	Address:		
		nessage reminders/announcements?	
Yes, at	the following number(s):		
Transportation	to FOJ (circle one):		
*Already ride	an Ellsworth bus #	* Need bussing to Ellsworth	* Dropping off
Does your chil	d have permission to wall	k home from the church Yes or	<u>No</u>
Who has perm	ission to pick up your chi	ld from the church?	
Does your chil	ld have a family member t	that attends programs at Trinity? Ye	s or No
If so, what is the	heir name?		
Does your chil	d have any medical conce	erns / allergies / medications we shou	ıld be aware of?
1.			
2.			
3.			

## **Permission Form**

	to be a part of activities at Trinity Lutheran Church. Your re, the following questions and permission agreement are
owned by Pastor Jon or Youth Director Laura Roll	t's name/grade) has my permission to travel in vehicles lefson, or any other adult given permission by Trinity sportation to concerts or conferences, Confirmation class p outings.
Please provide insurance coverage information	
Insurance Company:	Policy #
Insured's Name:	
Family Doctor:	Phone:
Doctor Address:	
(and to Participant's parents or guardians, if Participant including, but not limited to, the following: sickness property damage and financial damage. In consider described above (the "Activity"), the Participant (or and accepts the risks of injury associated with part The Participant (or parent/guardian) accepts person sustained during the Activity or during transportation treatment rendered to the Participant that is authoriany other representatives (collectively referred to he Participant (or parent/guardian) releases and promissions for any injury arising directly or indirectly	y described above involves possible risk to the Participant in injury, and may result in various types of injury in injury, death, emotional injury, personal injury, aration for the opportunity to participate in the activity or parent/guardian if Participant is a minor) acknowledges accipation in and transportation to and from the Activity. In all financial responsibility for any injury or other loss ion to and from the activity, as well as for any medical ized by the Church or its agents, employees, volunteers, or hereinafter as the "Activity Sponsor"). Further, the ises to indemnify, defend, and hold harmless the Activity yout of the described Activity or transportation to and of the negligence of the Activity Sponsor, the Participant,
	experience. You are also giving us permission to publish as for purposes of promotional events for the future. This
This authorization is good for up to one year from	om the date listed below.
Parent / Guardian Signature	 Date