



REGISTRATION FORM 2007

STUDENT INFORMATION

Child's Full Name	Preferred First Name	Gender	Birth Date	Age	Grade in School	Baptism Date
1.						
2.						
3.						

If your child(ren) has any special issues (e.g., asthma, food allergies, special needs), please indicate below.

Child's Name	Special Information
1.	
2.	
3.	

FAMILY INFORMATION

Parent/Guardian's Name(s) _____

Address _____

City _____ State _____ Zip Code _____ Home Phone _____

(Circle one)

Dad or Mom Cell Phone _____ E-mail Address _____

Dad or Mom Cell Phone _____ E-mail Address _____

EMERGENCY CONTACT INFORMATION

(only if parent cannot be reached)

Name _____ Relationship _____ Phone Number _____

VISITOR INFORMATION

If this child(ren) is a visitor today, who brought them? _____

Where could we reach you in an emergency? _____

Do you have a home church? If yes, where? _____

Where did you hear about SonLight City? _____

RELEASES

See reverse side. A parent, guardian, or adult responsible for this child/these children must sign the Participant Liability Release portion in order for this child/these children to participate in SonLight City.

PARTICIPANT RELEASE OF LIABILITY ...-READ BEFORE SIGNING (REQUIRED FOR PARTICIPATION)

This Agreement is executed this ____ day of _____, _____ (year), by and between the parents or guardians of _____ (list all children participating), a minor/minors (hereinafter referred to as the undersigned) and Cross of Christ Lutheran Church, 1100 Lone Pine Road, Bloomfield Hills, Michigan, its members, employees, agents and volunteers, hereinafter referred to as "The Church".

WHEREAS, The Church sponsors various activities for minors under the auspices of its SonLight City Sunday School Program including, but not limited to, recreational and service activities, and

WHEREAS, from time to time, the need for medical care for a minor may arise during the course of his or her participation in said activities, and

NOW, THEREFORE, in consideration of The Church permitting said minor to participate in SonLight City programs, and for other good and valuable consideration, the undersigned, as parent/guardian/responsible adult of said minor, do hereby agree and acknowledge as follows:

1. Said minor has permission to attend and participate in SonLight City Sunday School Program sponsored by The Church. Such permission extends to each and every activity, whether described herein or not.
2. The undersigned does acknowledge and appreciate the risk of injury may exist in this program and which particular rules, equipment and personal discipline may reduce the risk, the risk cannot be completely eliminated and injury is possible.
3. The undersigned authorizes The Church and any adult in whose care our (my) child has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to my child under the general or special supervision and on the advice of any licensed physician or dentist, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.
4. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to this child pursuant to this authorization.
5. **If the undersigned's minor child should suffer an injury or illness as a result of or arising out of any activity sponsored by Cross of Christ Lutheran Church including, the undersigned, for ourselves and for our minor child, do hereby release, absolve and discharge The Church of and from all liability, claims, demands, causes of action and possible causes of action whatsoever, arising out of or related to any loss, damage or injury (including death) that may be sustained by the undersigned's minor child while engaged in any of said activities from any cause, including the negligence of any of the parties released herein with the sole exception that this release does not apply to intentional or wanton misconduct causing injury (or death).**
6. The undersigned further warrants that the minor child referred to herein has no allergies or special medical problems, unless noted on the opposite side of this form. The undersigned acknowledges that they are familiar with the SonLight City Well-Child Policy.
7. The undersigned acknowledges that if they have reason or cause for complaint against any of The Church's employees, agents and volunteers, that they will immediately notify the Church Office at (248) 646-5886.

In signing this Release, I warrant that I have read and understand the above agreement, and that I (we) sign it voluntarily and as an inducement for The Church to allow said minor to participate in Cross of Christ activities. I further certify that I as a parent/guardian/responsible adult with legal responsibility for this participant do consent and agree to his/her release and agree to indemnify and hold harmless the Church for any and all liabilities incident to my minor child's involvement or participation in SonLight City.

Dated: ____ / ____ / ____ Signed: _____ (Parent, Guardian or Responsible Adult)

Emergency Phone Number: _____

PHOTO RELEASE...READ BEFORE SIGNING (NOT REQUIRED FOR PARTICIPATION)

I hereby authorize Cross of Christ Lutheran Church, 1100 Lone Pine Rd, Bloomfield Hills, MI and its designees or volunteers (hereinafter referred to as "The Church") the right to publicly display or present photographs, video footage, or audio tape (hereinafter the "media") of the child/children listed below. I give to The Church the right to crop, edit or treat the media at its discretion, with the assurance that The Church's treatment will not misrepresent my child's/children's likeness or participation. I acknowledge that these media could be used in such non-commercial promotional materials such as, but not limited to, brochures, flyers, newsletters, reports, audio visual presentations, and web sites. In addition, I understand that these media could also be shared with external media organizations, such as newspapers, magazines and television stations. No personal information (name, age, address, etc.) of the child/children will ever be identified or shared without the previous express, written approval of the parent or guardian of that child. In giving my consent, I hereby release and hold harmless The Church and its members, employees, agents, designees and volunteers from any and all responsibility or liability. I understand that I will receive no compensation should any media of my child/children be used. I am signing this release freely and voluntarily and in executing this release do not rely on any inducements, promises or representations made by The Church.

(Print Name of Child)	(Print Name of Child)	(Print Name of Child)	(Print Name of Child)
(Print Name of Parent/Guardian)	(Signature of Parent/Guardian)	(Date)	