

**2010 "Cross Walk" at First Lutheran Church
Registration Form**

(please use one form per child)

I would like to register my child for:

- _____ Cross Walk Sunday (10:20 - 11:20 AM)
- _____ Cross Walk Wednesday (5:30 PM meal, 6:00 - 7:30 PM Cross Walk)
- _____ We plan to come for meals (_____ adults; _____ children)
- _____ Children's Choir (Wednesday, 4:30 - 5:20 PM)
- _____ grades 1-4 _____ grades 5-8

Child's Name	Gender	DOB	Grade
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Are there health considerations or allergies? _____ Yes _____ No

If yes, please explain: _____

Are there behavioral concerns we should be aware of? _____ Yes _____ No

If yes, please explain: _____

You may include my child's name on a class phone list to be shared. _____ Yes _____ No

You may e-mail me with Sunday School information. _____ Yes _____ No

Parents Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Emergency Contacts (please give two contacts and phone number)

Name: _____ Phone: _____

Name: _____ Phone: _____

My permission is granted for the chaperone in charge to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed during church activities and these photos/videos may be used in promotional material. I, the undersigned do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and First Lutheran Church, DeKalb, from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while employed or participating in First Lutheran Church, DeKalb, activities.

Parent Signature _____ Date _____

“Cross Walk” Helper Information

I am excited about helping with Cross Walk on:

_____ Sunday (10:20 - 11:20 AM)

_____ Wednesday (5:30 PM meal, 6:00 - 7:30 PM Cross Walk)

_____ Help with meals -

- set-up or clean-up prepare and serve food shop

_____ Help with Cross Walk lessons

- Shepherds (Tiny Tots, PreK/K; First/Second; Third/Fourth; Fifth/Sixth)
- Workshop Leaders (for three-four weeks)
- arts and crafts movies
- games storytelling
- drama/puppets cooking
- newsroom computer lab
- Assistant Coordinator (collect attendance and offering)
- Builders (cinema risers; computer carts or tables)
- Artists (murals or banners; create props, scenes for drama workshop or other workshops)
- Sewing (costumes for drama; puppets)

Your Name: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

I am an : _____ Adult (18 or older) _____ Youth (17 or younger)

Emergency Contact:

Name: _____

Phone: _____

Special health considerations: _____

Volunteer Agreement

I agree to participate and fully support the mission of First Lutheran Church Children's Ministry. I consider myself a role model for our children and will conduct myself appropriately.

Signature _____ Date _____

Medical and Photo Release

Permission is granted for the chaperone in charge to obtain necessary medical attention in case of sickness or injury to myself or my child. I also understand that as a participant, I/we may be photographed during activities and these photos/videos may be used in promotional material including but not limited to church newsletters, website, and local newspapers. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and First Lutheran Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in activities at First Lutheran Church, DeKalb, Illinois.

Signature _____ Date _____