St. Matthew Lutheran Church 2021/2022 Sunday School Registration Form September 26, 2021 to May 22, 2022

Student's Full Name		
Grade	Student's Birth Date	
Parent/Guardian Name(s)		
Address		City
Home Phone	Cell Phone(s)	
Email address		
List any medical conditions/cor	ncerns or allergies	
Where can you be reached du	ring the Sunday School Hour?	?
	Р	Phone
(Parent/Guardian Signa	ature)	(Date)
electronic images in any and all of consideration. I understand and ag not be returned. I hereby irrevocal these images for purposes of public addition, I waive the right to inspet wherein my likeness appears. Add related to the use of my image. I hall claims, demands, and causes of other persons acting on my behalf I am 18 year of age and am compet	f its publications, including webs gree that these materials will become bly authorize the organization to icizing the organization's progra- ect or approve the finished produ- ditionally, I waive any right to ro- nereby hold harmless and release f action which I, my heirs, represe for on behalf of my estate have of	y likeness in photographs, video recordings or site entries, without payment or any other ome the property of the organization and will edit, alter, copy, exhibit, publish or distribute ams or for any other lawful purpose. In act, including written or electronic copy, by alties or other compensation arising or and forever discharge the organization from sentatives, executors, administrators, or any or may have by reason of this authorization. e, or if I am under age 18, a parent or guardian and I fully understand the contents, meaning and
(Signature)		(Date)
Printed Name		
consent by a parent or guardian, b	elow: nt or guardian of	n sign but there must also be the signed
(Parent/Guardian Signatur	re)	(Date)
Parent/Guardian's Printed Name		