



Atonement Lutheran Church
 1900 Westfall Road
 Rochester NY 14618

Please complete all information. Please print clearly.

Parent Name(s): _____ **For Year:** _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Immediate Contact Phone Number: _____
 (please include area code if other than 585)
 Email: _____

Parent Name(s): _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Immediate Contact Phone Number: _____
 (please include area code if other than 585)
 Email: _____

Child's Name: _____ **Age:** _____ **Grade:** _____
 Does this child have any known *allergies*? Yes No
 IF YES, please indicate: _____

Does this child have any *special needs*? Yes No
 IF YES, please tell us how we can best support your child: _____

AGREEMENT AND RELEASE OF LIABILITY: I hereby allow the release of photographs produced by the church to be used for church-related purposes and publicity. As legal guardian of the minor who participates in church programs, I accept unto myself all responsibility and all liability for any injury or loss or damage that occurs to me and/or to the minor as a result of the minor's participation in church programs. I will indemnify and hold harmless the ELCA, Atonement Lutheran Church, and its agents from all claims, judgments, and costs incurred with any action that may be brought as a result of the minor's participation in church programs. I understand and agree to these terms:

Parent/Guardian Signature: _____ **Date:** _____