



Olivet Evangelical Lutheran Church

5840 Monroe St. • Sylvania, OH 43560

Sunday School Permission & Registration

August 2024 – August 2025

Child Participant

Name: _____

Nickname (if any): _____ Birthday: _____ Age: _____

Primary Address: _____

Grade for 2024-2025 school year: _____ School: _____

Place & Date of Baptism: _____

Parents/Guardians (To be contacted first in case of emergency):

Name: _____

Name: _____

Cell phone: _____

Cell phone: _____

Email address: _____

Email address: _____

Emergency Contacts (please list people other than parents/guardians):

Name: _____

Phone number: _____ Relationship to Child: _____

Name: _____

Phone number: _____ Relationship to Child: _____

Insurance

Health Insurance Carrier: _____

Policy #: _____ Group #: _____



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Please list any allergies (including food allergies) Olivet staff should be aware of:

Does the child carry an EpiPen? Y _____ N _____

Other conditions Olivet staff should be aware of:

WAIVER

I, _____ (printed), being the legal guardian of _____ (printed), hereby give consent for my minor child to participate in all Sunday School events sponsored by Olivet Lutheran Church taking place between the dates listed above.

I understand that all reasonable safety precautions will be taken by the leaders of these activities, but that the possibility of injury, illness or hazard does exist. I further agree not to hold Olivet Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities: _____

In the event reasonable attempts to contact me or an emergency contact are unsuccessful, I hereby authorize Olivet Lutheran Church, its employees or agents to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm, or accident occur while participating in the activity. This includes (1) the administration of any treatment deemed necessary by those in authority as directed by a licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible.

I also authorize Olivet Lutheran Church to use pictures taken at these activities for Olivet purposes only (bulletin boards, newsletter, weekly announcements at worship/live stream). YES _____ NO _____

I also authorize Olivet Lutheran Church to use pictures taken at these activities for Olivet's website and/or other social media. YES _____ NO _____

I also authorize Olivet Lutheran Church to include parent/guardian information on a contact list to be distributed within the Body Shop group for the purpose of communication between families. YES _____ NO _____

Parent/Guardian Signature _____ Date _____

Olivet Lutheran Church; 5840 Monroe St; Sylvania OH 43560; (419) 882-2077; www.olivetsylvania.org

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