

**General Information**

Full Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Personal Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female

**Education**

School \_\_\_\_\_  
Grade \_\_\_\_\_  
Graduation Year \_\_\_\_\_

**History**

Baptized? \_\_\_\_\_ Date \_\_\_\_\_  
Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Confirmed? \_\_\_\_\_ Date \_\_\_\_\_  
Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**Parent(s) / Guardian(s)**

Parent/Guardian 1  
Name \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Relation \_\_\_\_\_  
Occupation \_\_\_\_\_  
Company \_\_\_\_\_  
If address is different than the students, please  
complete the following:  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_

Parent/ Guardian 2  
Name \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Relation \_\_\_\_\_  
Occupation \_\_\_\_\_  
Company \_\_\_\_\_  
If address is different than the students, please  
complete the following:  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_

**\*\*Thank you for registering your child  
for Youth Ministry Activities at TLLC!**

I, \_\_\_\_\_ hereby authorize my child, \_\_\_\_\_ to participate in youth activities sponsored by Triumphant Love Lutheran Church, including travel to and from, for the period of August 1, 2011 until July 31, 2012.

To the best of my knowledge and belief, my child is in sufficiently good health and physical condition to engage in any reasonable athletic or sporting events or activities included in the outings. I give complete and unqualified permission for participation in the outing activities included, except:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of accident or illness, I authorize staff and/or volunteers of Triumphant Love Lutheran Church to seek and obtain medical attention for my child and agree to be responsible for any charges incurred.

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Physician Name & No. \_\_\_\_\_  
Medical problems, allergies (include drug allergies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of the time, talents and means of the supervisors and volunteers supporting my child during this activity, I assume complete and full responsibility for any and all risks and hazards to my child that are or may be associated with or may arise from the outing or activities. I hereby waive all claims against Triumphant Love Lutheran Church, its officers or members, its staff, the organizers, sponsors, supervisors, or volunteers involved in the outing or activities and for any injury that may occur to my child during the course of the outing or activities, or travel to or from.

Authorized, agreed to, and signed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian Signature

I grant permission to Triumphant Love Lutheran Church to use, without charge and without reservation, photographs taken of my child in TLLC publications, including the website. I waive any rights of action I may have and release TLLC from any and all claims I may have arising from the use of my child's likeness.

\_\_\_\_\_  
Parent/Legal Guardian Signature

To join together in an accepting community, learning to lead a  
Christ-centered life.