

2017-18 Grace Place Registration

Age 2-Grade 5



Student Information

Name (First & Last) _____ Male Female

Grade _____ Birthdate _____

Name (First & Last) _____ Male Female

Grade _____ Birthdate _____

Name (First & Last) _____ Male Female

Grade _____ Birthdate _____

Name (First & Last) _____ Male Female

Grade _____ Birthdate _____

Will attend Grace Place: Thursday 6:30 p.m. Sunday 9 a.m. Sunday 10:30 a.m.

Special Needs (allergies, learning challenges, family situations or medical information-include names)

Adult Contact Information

Parent/Guardian _____ add to CYF eNews Phone _____ Email _____

Address _____ City/ZIP _____

Parent/Guardian _____ add to CYF eNews Phone _____ Email _____

Address _____ City/ZIP _____

Emergency Contact _____ Phone _____

Membership: Calvary Another Church Visitor

Parent/Family Involvement

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

I understand that by enrolling my child in Grace Place, I agree to partner with Calvary to provide a positive Christian learning environment by doing the following: • making Grace Place a priority in my child's schedule • help or substitute in my child's class as needed AND • participating in at least one of the volunteer areas listed below:

During Grace Place

- Thursday 6:30 p.m.
- Sunday 9 a.m.
- Sunday 10:30 a.m.

Volunteer options

- Small group leader Assistant leader
- One-on-One with child with special needs
- Classroom helper/room parent (as needed)
- Worship leader
- Kids Connection Point
- Kids Community Time (Sunday's 9:55-10:35 a.m.)

Times available

- Weekdays (between 9-5)
- Evenings
- Sunday mornings

To fit your schedule

- My Faith Journey events Special events
- Room Set-up Phone
- Vacation Bible School Photography
- Children's Ministry Office/Prep help

Cost per student: Free

Terms & Conditions For Participation 2017-18

I (We) acknowledge that participation in any and all Calvary programs or events is voluntary and may involve activities that require traveling or physical exertion. We agree to the following conditions for participation in the ministries of Calvary Lutheran Church of Golden Valley, MN.

- I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or healthcare facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. I authorize Calvary to transport said minor in the event that a legal guardian or family physician is unable to be reached. Permission is also granted to Calvary Lutheran Church representative to provide needed first aid treatment to the student prior to his/her admission to a medical facility.
- I understand that my child may be photographed and/or filmed and his/her image may be used in video presentations, printed publications, or on Calvary's website. Your child's name will not be published unless permission is granted by a legal guardian.
- Calvary is not responsible for the loss or theft of personal belongings. Calvary encourages families to understand the need for certain personal belongings to be left in a safe place. On certain occasions, Calvary staff will designate a safe place for certain items if necessary.
- I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns: A) I waive, release and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in the events and programs of Calvary Lutheran Church of Golden Valley, the following person, or entities: Calvary Lutheran Church of Golden Valley, MN, its Senior Pastor and Associate Pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; B) I agree not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein; and C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's participation in Calvary related activities.
- Participation in Calvary Youth Ministry events or programs is a privilege, this privilege may be denied by a Calvary staff when, in their opinion, participation of the youth is disruptive, unsafe, or not keeping with the mission of Calvary.
- I hereby assume the risk of my child participating in all Calvary Lutheran Church ministry activities or programs.
- I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the release.

Signature of Parent/Guardian _____

