



**Ministry Participation Form**  
**Peace Lutheran Church**  
 941 W. Bedford-Eules Road - Hurst, TX 76053

Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

DOB: \_\_\_\_\_ Baptismal Birthday: \_\_\_\_\_ Participant Cell Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Additional Contact Info: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Allergies\*:** \_\_\_\_\_  
 \*Please include any medication your child is allergic to as well.

**Allergic Reaction:** \_\_\_\_\_ **Does your child carry an Epi Pen?** YES  NO

**Other Health Concerns:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_ **Insurance #:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
 \*Please choose an emergency contact that is different than the parent/guardian listed above.

**Relationship to Child:** \_\_\_\_\_

I give my child \_\_\_\_\_ permission to participate in ALL\*  
Participant's Name

**classes, groups, events, and trips associated with the ministries selected below from Sept 2017 to Sept 2018.**

*Early Childhood*    *Children's Ministry*    *Confirmation*    *Youth Ministry*    *Music Ministry*

By allowing my child to participate in Early Childhood, Children's, Youth, and/or Music Ministry classes, groups, events, and trips sponsored by Peace Lutheran Church, I agree to the following:

1. My child will treat all employees, volunteers, and participants with kindness and respect.
2. Should my child need to have medical treatment while volunteering in an above mentioned activity Peace Lutheran Church will first call the parent/guardian listed on this form, then the emergency contact. If said parent/guardian and /or emergency contact are unable to be reached, or if my medical emergency requires an immediate response, I hereby give Peace Lutheran Church personnel permission to use their judgement in obtaining medical service for my child. I give permission to the physician selected by Peace Lutheran Church personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that Peace Lutheran Church has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.
3. To the best of my knowledge, my child has no medical condition, which would A) interfere with his/her ability to participate in any of the above mentioned activities B) endanger his/her health or C) endanger any other person's health.

**Peace Lutheran Church takes every precaution to ensure the safety of all participants, volunteers, and employees. However, unforeseen events may occur. By signing this form, I agree to assume and accept all risks arising from or attributable to any and all classes, groups, events, and trips. I will not hold Peace Lutheran Church, its employees, and/or volunteers liable for damages, losses, claims, expenses or injuries to the person or property undersigned.**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\* This form allows your child to participate in all Early Childhood, Children's, Youth, and/or Music Ministry classes, groups, events, and trips sponsored by Peace Lutheran Church from September 2018 to September 2019. If you choose to rescind your permission in whole or of a specific event, you may do so at any time in a written letter to the appropriate ministry director.



**Photography and Videography Release**  
**Peace Lutheran Church**  
 941 W. Bedford-Eules Road - Hurst, TX 76053

With the permission of a participant’s parent/guardian – Peace Lutheran Church staff and volunteers occasionally take pictures and/or videos of our Early Childhood, Children’s, Youth, and/or Music Ministry programs. These pictures and/or videos are used to share special memories of our ministries with friends and family. Peace Lutheran Church does not post the names or personal information of minors alongside any pictures and/or videos.

**I give permission for Peace Lutheran Church to photograph and/or record my child for use in the following ways\*...**

- Photo prints for classroom crafts and/or projects    YES     NO
- Slideshows to be shown during worship and/or church events    YES     NO
- To be posted on Peace Lutheran’s website, Facebook page, and/or Instagram    YES     NO

\_\_\_\_\_

*Participant’s Name* *Grade*

\_\_\_\_\_

*Parent/Guardian Signature* *Date*

**If you have any questions regarding the Participation Form and/or the Photography and Videography Release, please contact:**

John & Keeya Vawar, Interim Youth Directors:  
youth@peacechurch.org

**If you have any additional questions regarding the use of photographs and/or recordings at Peace Lutheran Church, please contact our Director of Communications.**

Bradley Anderson, Director of Traditional  
Worship/Communications:  
bradley@peacechurch.org

**Ministry Contact Information**

Early Childhood Ministry: Barb Gant  
barb@peacechurch.org

Children’s Ministry: Nicole Shannon  
nicole@peacechurch.org

Youth Ministry: John & Keeya Vawar  
youth@peacechurch.org

\* By signing this form, you are allowing your child to be photographed and/or recorded for use in the ways you have checked “YES” above. This form is valid from September 2018 to September 2019. If you choose to rescind your permission in whole or of a specific event, you may do so at any time in a written letter to the appropriate ministry director.