

**Faith in Christ's T.N.T. Ministry Enrollment for 2022 - 2023**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Church \_\_\_\_\_

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

Street Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Phone Number(s) where parent(s) can be contacted \_\_\_\_\_

\*\* In case of an emergency, please contact \_\_\_\_\_

at \_\_\_\_\_ (relationship to child: \_\_\_\_\_)

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**Medical Release**

Health problems/Allergies \_\_\_\_\_

Special Needs/Restrictions \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_

**TO GRANT consent:**

My child/youth, named above, has permission to attend trips and special events sponsored by the TNT Ministry of Faith in Christ Lutheran Church. In the event of illness or accident, if the parent or guardian cannot be contacted, I authorize Faith in Christ, or its agents, to consent to any diagnosis, examination, treatment, or hospital care for my child which is deemed advisable by, and is rendered under the supervision of a physician. I release Faith in Christ and its agents from responsibility in the case of an accident or illness in connection with any authorized Faith in Christ TNT Ministry activities.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



TNT may take photographs of my child and display those pictures in the program's DVDs, youth bulletin board & any other Faith in Christ related publications, including website and Facebook.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



The following person(s) is/are permitted to pick up my child: \_\_\_\_\_

Do **NOT** release my child to: \_\_\_\_\_