

**Trinity Lutheran Church**  
**Trunk or Treat Registration Form**  
**OCTOBER 27, 2012 • 10am - Noon**  
SPACE IS LIMITED  
FOR KIDS AGES 4 TO 12



Pumpkin image courtesy  
of roseannapiter.com

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ BAPTIZED?: Y N

FOOD / MEDICAL ALLERGIES: \_\_\_\_\_

OTHER INFO WE SHOULD KNOW: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME CHURCH (if applicable): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT "TRUNK OR TREAT"? \_\_\_\_\_

**WAIVER, MEDICAL PERMISSION and PRIVACY DISCLOSURE STATEMENT**  
(Please Read Carefully)

I understand that, while the teachers, helpers and leaders of Trinity Lutheran Church Trunk or Treat will take precautions to ensure the safety of all children while they are at Trunk or Treat, I will not hold them liable for any injury or cost incurred by injury during the activities of Trunk or Treat;

I acknowledge that it is my responsibility to advise Trinity Lutheran Church Trunk or Treat of any medical or health concerns of my child that may affect his/her participation in the activities of Trunk or Treat;

I consent that Trinity Lutheran Church Trunk or Treat, through its employees, agents and volunteers may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services;

I understand that the contact information collected on this form may be used by Trinity Lutheran Church to invite me/us to future events and activities of the congregation;

Photos and videos taken of Trunk or Treat activities and participants may be displayed in the church, on the internet, published in various publications of the local, district and national Lutheran church bodies and/or used for promotional purposes outside of the church. No personal names or other private information will be published without consent.

I HAVE READ THE ABOVE AND AGREE TO THE CONDITIONS.

Signed on the \_\_\_\_\_ day of October, 2012.

Signature of Parent/Guardian: \_\_\_\_\_

Please Print Name: \_\_\_\_\_