



York Conference Lutherans  
Working Together to Support the  
Mission of Christ's Church

Return form to:  
YCL Tutoring  
c/o Shari Young  
2211 E. Philadelphia St.  
York, PA 17402

Lower Susquehanna Synod

## York Conference Tutoring Program Tutor Registration Form

Name: \_\_\_\_\_

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

Email \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Night(s) available to tutor: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Special Health Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Congregational membership: \_\_\_\_\_ Are you a Thrivent member? Yes No

I am certified in First aid/CPR \_\_\_\_\_ I am a professional nurse/physician/EMT \_\_\_\_\_

\_\_\_\_\_ I have a current background check and have attached a copy.

\_\_\_\_\_ I have a current child abuse background check and have attached a copy.

\_\_\_\_\_ I give permission for these background checks to be secured on my behalf.

I understand and agree that the York Conference and its member congregations will not be liable for accidents or injuries that may occur during this program. I consent to and authorize the giving of all treatments, medication and the performance of any other technical procedures, which are ordered by a physician. I also agree to accept all financial responsibilities incurred as a result thereof and not hold responsible the York Conference or any of its member congregations, the York Conference Tutoring Program or its sponsors.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_