

ALL SOULS
UNITARIAN CHURCH

ALL SOULS YOUTH PROGRAM REGISTRATION

Each youth must register annually.

Today's Date: _____

Youth Information:		
Name:		
Cell:	Birth Date:	
School:	Grade:	Graduation Year:
Email:	Facebook? Yes No	

Parent/Guardian Information:	
Parent/Guardian #1	Parent/Guardian #2
Name:	Name:
Email:	Email:
Home Address:	Home Address:
City, State & Zip:	City, State & Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Occupation:	Occupation:
Work Phone:	Work Phone:
Church Member? Yes No	Church Member? Yes No
Custodial Parent? Yes No	Custodial Parent? Yes No
Send mailings instead of email? Yes No	Send mailings instead of email? Yes No
What do we need to know about your youth in case of an emergency?	

I agree that All Souls may photograph or videotape my child for use in promotional materials.

Parent's Signature

In an effort to be more ecologically friendly, we attempt to communicate electronically as often as possible. Please keep your email addresses and other contact information updated in the church office.

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MEDICAL RELEASE AND FIELD TRIP AUTHORIZATION

(must be completed and signed annually by a parent or guardian)

I _____ (print name of parent or guardian) am the parent or legal guardian of _____ (print child's name). I give my consent for him/her to participate in any and all events, activities and field trips sponsored or endorsed by All Souls Unitarian Church (the "All Souls") during the period from Aug. 1, 2009, to Aug, 31, 2010.

I give my consent and authority for the All Souls staff and designated adult volunteers to take action to help insure the safety, health and welfare of my son/daughter/ward. I also empower and authorize the All Souls staff and designated adult volunteers to authorize medical personnel, physicians and hospitals that they select to provide all medical care and treatment, including but not limited to hospital tests, emergency surgical care, pathology, radiology, anesthesia, surgery, injections and prescriptive drugs for the health of my child. I understand that I am responsible for any charges incurred. I also authorize the release of any and all information necessary to provide for the medical care and treatment.

I acknowledge that by participating in All Souls sponsored events my child/ward may be involved in activities occurring both on and off church property, during both day and evening hours, occasionally involving overnight stays, requiring transportation by motorized vehicle, involving the preparation and consumption of food and involving the use of tools, equipment, fire and other materials. I further acknowledge that by participating in All Souls related activities my child/ward may become involved in recreational and sporting activities, including but not limited to hiking, climbing, bicycle riding, rafting/canoeing, Frisbee, laser tag and bowling. Accordingly, I acknowledge that participation in All Souls sponsored activities involves certain dangers and risks and may expose my child to hazards of bodily injury and property damage.

In recognition of these risks and in consideration of my child/ward being allowed to participate in and benefit from these All Souls sponsored events, I agree on behalf of myself and my child/ward, to release, waive and disclaim any and all liabilities of, or claim against All Souls, its officers, board members, staff, agents, servants, employees and all persons volunteering services without charge to transport, supervise and/or chaperone my child/ward while participating in such All Souls sponsored activities, including but not limited to any and all liabilities or claims for personal injury, property damage, court costs, attorneys' fees and interest, however caused or accrued as a result of my child/ward participating in such All Souls sponsored events.

I understand that this document is valid for all of the current church year, unless revoked in writing and delivered to the business office of All Souls. I further understand that it is my responsibility to keep current the information contained in the records held in the church office including, but not limited to, my address, phone number, emergency contact and insurance information.

A photocopy of this consent form shall be as binding as the original.

Dated this _____ day of _____, 20_____.

Signature of Parent/Legal Guardian

Witness

Emergency contact: _____

Phone numbers: _____

Medical Insurance Carrier

Policy Number

Group Number

Please describe below any medical conditions, including medications and allergies, that your child has that you believe that the All Souls staff and volunteers should be aware of to provide for the care and safety of your child/ward:

All Souls and its staff and volunteers will keep all medical information provided as confidential.