

Sunday School/Youth Group Registration forms.

Youth Name	Date of Birth	Grade
Youth Name	Date of Birth	Grade
Youth Name	Date of Birth	Grade
Youth Name	Date of Birth	Grade
Youth Name	Date of Birth	Grade
Address	Phone	
Parent(s)/Guardian(s) Name(s)		
Parent(s) cell phones		
Parent(s) emails		
In Case of Emergency, please contact:		
First call	Phone	
If above cannot be located:		
1st Choice	Phone	
2nd Choice	Phone	

Sunday School/Youth Group/Early Release Program- Parental Consent

The undersigned does hereby give permission for my child (ren) to attend and participate in all Sunday School/Youth Group events during the 2014-15 school year including activities not on the church campus.

The undersigned does also hereby give permission for my child (ren) to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Congregational Church of Farmington.

The undersigned does also hereby give permission for my child (ren) to participate in overnight activities both on and off the First Congregational Church (Old South) of Farmington property.

The undersigned will not hold the First Congregational Church (Old South)-UCC in Farmington, Maine or the Maine Conference UCC or the chaperones present liable for any accidents or injury incurred during trips and/or activities. All participants participate at their own risk.

any event of any changes to the inform	
Signature of Parent/Guardian	Date
I give permission for my child(ren)'s p Congregational Church of Farmington	photography and Video photographs and videos to be used by the First in internal and external communication and publicity ying youth names will be included on digital images.
Signature of Parent/Guardian	Date
1	Medical Information
Youth Name	Youth Name
Youth Name	Youth Name
Youth Name	Youth Name
Hospital Insurance Yes No	
Insurance Company	
Policy number	
I hereby give permission to administer	r over-the-counter medicines to my child. (i.e. aspirin,
Allergies (be sure to include food aller	rgies)

Youth name:	
Allergies:	
Dietary Restrictions:	
Please identify any medical issues/medication that may be pertinent in an emergency situation	ns that the adult leadership needs to be aware of or on:
any X-ray examination, anesthetic, medical, s hospital care, to be rendered to the minor unde advise of any physician or dentist licensed under	e care the minor has been entrusted, to consent to surgical or dental diagnosis or treatment, and er the general or special supervision and on the der the provisions of the Medical Practice Act on the such diagnosis or treatment is rendered at the
	o pay all costs and expenses incurred in connection ed to the aforementioned child pursuant to this
Should it be necessary for our (my) child to re reasons or otherwise, the undersigned shall as	eturn home from an off-site event due to medical sume all transportation costs.
Signature of Parent/Guardian	Date Date
At all times children must be supervised. We responsible for their safety and behavior.	When not in class, parent/guardians are
I understand and agree with the above term	ns:
Name	Date