### Sunday School/Youth Group Registration forms.

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<tr>
<th>Youth Name</th>
<th>Date of Birth</th>
<th>Grade</th>
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<th>Address</th>
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Parent(s)/Guardian(s) Name(s)

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<th>Parent(s) cell phones</th>
<th>Parent(s) emails</th>
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In Case of Emergency, please contact:

- First call Phone

If above cannot be located:

- 1st Choice Phone
- 2nd Choice Phone

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**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.

The undersigned will also notify the adult leadership of the Sunday School/Youth Group prior to any event of any changes to the information contained on this form.

________________________________________  __________
Signature of Parent/Guardian  Date

Parental Consent for Photography and Video
I give permission for my child(ren)’s photographs and videos to be used by the First Congregational Church of Farmington in internal and external communication and publicity material. I understand that no identifying youth names will be included on digital images.

________________________________________  __________
Signature of Parent/Guardian  Date

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 over-the-counter medicines to my child. (i.e. aspirin, Tylenol, Rolaids, etc.)  Signed ________________________________
Allergies (be sure to include food allergies)
Youth name: 
________________________________________________________________________

Allergies: 
________________________________________________________________________

Dietary Restrictions: 
________________________________________________________________________

Please identify any medical issues/medications that the adult leadership needs to be aware of or that may be pertinent in an emergency situation:
________________________________________________________________________

________________________________________________________________________

The undersigned authorizes an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home from an off-site event due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

____________________                          __________
Signature of Parent/Guardian              Date

At all times children must be supervised. When not in class, parent/guardians are responsible for their safety and behavior.

I understand and agree with the above terms:

____________________                          __________
Name                          Date