

Youth Activity Registration & Media Release Form -- **SCHOOL YEAR 2019-2020**

The Lee Church is committed to the nurture and safety of our children and has developed a Child Safety Policy that is available upon request. Every child who participates in any activities in the Lee Church (Sunday school, Youth Bell Choir, Youth Choir, Youth Group, etc.) must have this form on file.

**Family Information:** *(List children individually on the reverse side)*

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Primary Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ *(please specify residing parents/guardians)*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Street Address *(if applicable)*: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ *(please specify residing parents/guardians)*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Names/relationships of additional guardians: \_\_\_\_\_

**Emergency Contact Names:** (1) \_\_\_\_\_ Phone: \_\_\_\_\_

*(Please list two)*

(2) \_\_\_\_\_ Phone: \_\_\_\_\_

Individuals who will be **picking up my child** after church activity:

*(Children in second grade or younger must be picked up at their activity, unless we receive a note that specifies an alternative.)*

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

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

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

Are **immunizations** current for each of your children? \_\_\_\_\_

Do any of your children have **allergies** to food, medicine or other environmental triggers? *(please specify)*

\_\_\_\_\_  
\_\_\_\_\_

Is there any **other pertinent medical information** we need for any your child's well-being while in Sunday school or other church activities?

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name/Phone #: \_\_\_\_\_

Our goal is to make your child's experience the best possible. Are there any **special needs** or **learning supports** that we should be aware of? \_\_\_\_\_

**MEDIA RELEASE**

- My child/children may be photographed during church activities
- My child/children may not be photographed during church activities

Any photos may \_\_\_\_\_ may not \_\_\_\_\_ be shared with the local newspaper

I understand that the above information will be used to enable the Lee Church to provide a safe and warm environment for my child during youth activities. In case of accident or serious illness, I request the Church to contact me. If the Church is unable to reach me, I hereby authorize the Church to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the Church may make whatever arrangements seem necessary.

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

\_\_\_\_\_  
Parent/Guardian's Signature

Name of Child/Youth	Date of birth	Age as of 9/2019	Grade as of 9/2019	Youth's email (Optional)