

LEE CHURCH CONGREGATIONAL, UCC

Youth Activity Registration & Media Release Form -- SCHOOL YEAR 2018-2019

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, Junior 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: _____

Street Address: _____ Phone: _____

City: _____ Zip: _____ Email: _____

Optional - Youth's email (for special mailings) _____

Are Immunizations current? _____ Physician's Name/Phone #: _____

Allergies or other pertinent medical information we need for your child's well being while in Sunday school or other church activities

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? _____

(Please us the reverse side of this page if there is any other information that would assist us)

MEDIA RELEASE

My child may be photographed during church activities

My child may not be photographed during church activities

Any photos may _____ may not _____ be shared with the local newspaper

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: _____

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.

Parent/Guardian's Signature

Date: _____

Name of Child/Youth _____ Age (as of Sept. 2018): _____
 Grade (as of Sept. 2018): _____

Date of Birth: _____

Optional - Youth's email (for special mailings) _____

Are Immunizations current? _____ Physician's Name/Phone #: _____

Allergies or other pertinent medical information we need for your child's well-being while in Sunday school or other church activities

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Name of Child/Youth	Date of Birth	Age as of 9/2018	Grade as of 9/2018	Youth's email (Optional)