

Little River United Church of Christ

**Children and Youth Registration & Medical Release Form**

This registration form includes, but is not limited to, Church School, Pilgrim Youth Fellowship, Off-site and Overnight activities. Please complete front and back as appropriate.

Registration Date \_\_\_\_\_

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Participant's cell (optional) \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Current Age \_\_\_\_\_ Current grade in school \_\_\_\_\_

Gender identity:

Female \_\_\_\_\_ Male \_\_\_\_\_ Transgender Female \_\_\_\_\_ Transgender Male \_\_\_\_\_

Gender variant/Non-conforming \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Parent(s) Signature(s) \_\_\_\_\_

Phones (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email(s) \_\_\_\_\_

Please list any food allergies, medications, other medical needs, or gifts & abilities teachers and leaders need to be aware of:

**Alternate Emergency Contact** (relative, family friend, secondary guardian)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phones (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Alternate for Child Pickup Release (optional)

Initial Here \_\_\_\_\_

I give permission for \_\_\_\_\_ to pick up my child(ren) after an event in my absence.

**Please initial one of the following:**

\_\_\_\_\_ After class, my child is to wait in the classroom for a parent/guardian to arrive.

\_\_\_\_\_ After class, my child has my permission to be dismissed from class without supervision.

**Photo Release**

I hereby give permission for the Little River United Church of Christ (LRUCC) to use the photographic image of my child in any of its publications, including, but not limited to, the LRUCC Web page, brochures and newsletters. This permission extends to all photographic images in which it was intended that my child recognizably appear, subject to any limitation listed at the bottom of this form.

Initial here \_\_\_\_\_

I understand that I may rescind this permission at any time, and upon notification, LRUCC will take all reasonable precautions not to continue to use my child's photographic image in any future publications unless expressly authorized by me. I understand that it is the intent of LRUCC to use any and all photographic images of my child for the sole purposes of LRUCC activities.

Initial here \_\_\_\_\_

**Photo Release Limitations:**

**Parent/Guardian Permission and Release of Liability**

I give permission for my child to participate in any and all children and youth activities sponsored by Little River United Church of Christ during the 2022–2023 program year.

Initial here \_\_\_\_\_

I understand that all reasonable safety precautions will be taken by the leaders of any activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Little River United Church of Christ, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the child listed on this form. I further understand that participation in activities may involve travel. I give permission for my child to travel to and from such activities.

Initial here \_\_\_\_\_

**Authorization for Medical Treatment**

In case of an emergency, I understand that every reasonable effort will be made to contact me. However, if I cannot be reached, I give permission for any physician, nurse, paramedic, and/or medical facility to treat my child with any established or approved medical/surgical procedure necessary to ensure his/her health and safety. This may include hospitalization, anesthesia, surgery, or injections of medications. I agree to hold harmless all medical personnel, including those rendering first aid, in this event.

Name of health insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

Name of policy holder \_\_\_\_\_

Primary physician/Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

**Would you be willing to volunteer?**

\_\_\_\_\_ **Church School: Leader** \_\_\_\_\_ **Assistant** \_\_\_\_\_ **Substitute** \_\_\_\_\_ **Infant Room** \_\_\_\_\_

\_\_\_\_\_ **Pilgrim Youth Fellowship: Meal** \_\_\_\_\_ **Driver** \_\_\_\_\_ **Chaperone** \_\_\_\_\_

\_\_\_\_\_ **Additional Events (mission projects, Christmas Pageant, etc.)**