

Children & Youth RE Registration Form

Child's Name _____ Grade ____ DOB ____/____/____

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**Please attach a registration fee of \$15/child or \$30/family. Checks can be made out to UUCGV.*

Parent/Guardian Name(s) _____

Address _____

Daytime Phone (____) _____ Evening Phone (____) _____

Email Address _____

I, _____, (NAME OF PARENT OR GUARDIAN) am the parent or legal guardian of the above named children and/or youth (hereinafter "my child") and I am informed of the activities offered by the **Unitarian Universalist Congregation of the Grand Valley**. As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in these activities. My child is to be excluded from the following activities:

I have indicated below any medical/personal information regarding my child which the sponsor(s) should be aware of. (This information will be kept confidential.) In case of an emergency, I grant permission for emergency procedures/hospitalization to be provided for my child. I represent that my consent to and agreement to pay for medical, dental, or hospital care or treatment to be rendered to my child is legally sufficient and that consent from no other person is required by law.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Medical Personal Information

Please include information for each child being registered.

Emergency contact:

Relationship:

Emergency phone: () _____ Home phone: () _____

Medical insurance company:

Group #: _____ Policy #: _____

Known allergies to food or drugs:

Known medical problems or conditions:

Name of person(s) NOT allowed to pick my child(ren) up:

Any other information that would be helpful:
