

REGISTRATION AND PERMISSION FORM – UNION UCC

NAME OF EVENT/DATE/TIME _____

NAME OF PARTICIPANT _____

ADDRESS _____

TELEPHONE NUMBER(S)/EMAIL _____

EMERGENCY CONTACT NUMBER (Person needs to be available during the event)

NAME _____

TELEPHONE NUMBER(S)/EMAIL _____

RELATIONSHIP TO THE YOUTH _____

YOUTH'S SPECIAL NEEDS, DIETARY NEEDS, ALLERGIES, MEDICAL INFORMATION OR CONCERNS

INSURANCE INFORMATION

INSURANCE COMPANY _____

GROUP NUMBER/ID NUMBER/POLICY HOLDER _____

YOUTH PARTICIPANT

I have read the information on this event and agree to abide by the guidelines and follow the directions of the adult chaperones. I will not bring or use any tobacco, alcohol or drugs (other than prescribed medications). I will be respectful and caring of other people and their property. If my behavior is disruptive and contrary to the well-being of the group, I understand my parents will be called and they may be asked to bring me home.

SIGNATURE _____ DATE _____

PARENT

I have read the information on this event and agree with the guidelines. I give my permission for my child to participate and to be transported by adults associated with this activity. I authorize the adult leaders to take appropriate action in case of a medical emergency involving my child. I will arrange for my child to be brought to and from the church for this event. If my child disruptive or his/her actions are contrary to the well being of the group, I agree to come and take my child home, if asked to do so by the adults in charge.

SIGNATURE _____ DATE _____