

UCOH Youth & Family Ministry Registration Form 2010-2011

Parent/ Guardian 1

First Name: _____
Last Name: _____
Birth Date: ___/___/___ Cell Phone: _____
Email: _____
Relationship to Child: _____
Does this parent live at the address below? Yes No
List the names of others authorized to pick up your child: _____

Parent/ Guardian 2

First Name: _____
Last Name: _____
Birth Date: ___/___/___ Cell Phone: _____
Email: _____
Relationship to Child: _____
Does this parent live at the address below? Yes No

Address Information (primary residence of child)

Home Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Individual Child's Information _____ First Time Registration OR _____ Change of Information

1st First Name: _____ Last Name: _____ Birth Date: ___/___/___
Gender: _____ Grade: _____ School: _____
Allergies/Special Needs: _____
2nd First Name: _____ Last Name: _____ Birth Date: ___/___/___
Gender: _____ Grade: _____ School: _____
Allergies/Special Needs: _____
3rd First Name: _____ Last Name: _____ Birth Date: ___/___/___
Gender: _____ Grade: _____ School: _____
Allergies/Special Needs: _____

If more room is needed to explain an allergy or special need, please feel free to use the space on the back.

- By registering my child for the Unity Church of the Hills Children's Ministry, I authorize that my child's image may be photographed, filmed and used in video print, and web presentations. _____Yes _____No
- By giving my email address, I understand that I will be added to the Unity Church of the Hills mailing list. *UCOH will not give your personal information to any third parties.*

Family Physician (name & phone number): _____
Medical Insurance (company & policy number): _____
Phone # to verify coverage or submit claim: _____
Policyholder's name: _____

Medical Liability Release

As the legal guardian of the above-named participant, I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above-named participant; and, I understand and consent to all terms outlined on this page. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Youth & Family Ministry activities and travel, understanding that some activities pose a risk of injury. I will not hold liable Unity Church of the Hills or the Unity Worldwide Ministries, their employees, agents and event/youth group leaders for any injury, illness or property damage involving the above-named participant no matter how caused. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same. I do hereby authorize group leaders as agent for the undersigned, to perform first aid or CPR as needed, and to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care, which is deemed advisable by a state-licensed physician or surgeon.

Parent/Legal Guardian Signature _____

Date _____