

UCOH Youth & Family Ministry Registration Form 2011-2012

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: _____ Age _____

Allergies/Special Needs: _____

2nd First Name: _____ Last Name: _____ Birth Date: ___/___/___

Gender: _____ Grade: _____ School: _____ Age _____

Allergies/Special Needs: _____

3rd First Name: _____ Last Name: _____ Birth Date: ___/___/___

Gender: _____ Grade: _____ School: _____ Age _____

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.

Parent Partners are classroom helpers for Sunday School Classes.

I agree to be a Parent Partner Once a month Once a Semester

• 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 _____

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