



U.U. Religious Education Registration



Child's Name: _____

Age: _____ Grade: _____

Parent's(s) name(s): _____

Address: _____

Phone: _____ Email: _____

Youth Email: _____

We would like to do our best to meet your child's needs. Please indicate here if there is anything we can do to accommodate your child. This could mean helping us to work with your child's learning differences, emotional needs, physical needs, or allergies. We want your child to feel comfortable and welcome in the RE classroom.

Check here to have a one-on-one discussion about your child's needs, with an RE staff member.

- I authorize the RE staff to share relevant information regarding the special needs of my child with the RE teachers. Y / N
- I give permission for my child's photo to be published in local newspapers and on our church website. Y / N

Parent Signature _____

Date _____

Youth Participation Release & Authorization for Emergency Medical Treatment

I, _____, the undersigned, am the parent/ guardian of _____, my son daughter. I grant permission for my child to participate in adult-supervised Religious Education activities and field trips. I grant permission for my child to be transported to and from the location by reasonable and safe means.

I agree and hereby do release and hold harmless the Unitarian Universalist Church of Canton and/or all adult supervisors for the activity, from and for any and all liability which may arise for damages, loss, or injuries, either to person or property, that my child may sustain while engaged in the activity conducted, including, but not limited to, any damages, loss or injuries that may be sustained through transportation to and from the activity. I further agree to assume responsibility for any liability that may arise for damages, loss, or injuries, as described herein which may be caused or contributed to by my son or daughter to the person or property of others.

Should any injury occur, I grant permission for my son or daughter to receive treatment from an appropriate health care provider to be selected by the adult supervisor of the activity, when, in such supervisor's opinion, the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. I also agree to pay and be responsible for all medical, hospital, or other expenses which the Unitarian Universalist Church of Canton and /or any and all adult supervisor may incur as a result of securing such treatment.

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Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Alternative Contact Person (in case parent cannot be reached)*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ ID# \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Medicines & Doses: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_