

Youth Ministry Programs Registration

6-12grades

2011-2012

First Congregational United Church of Christ, Colorado Springs

- To ensure that we have the most current information, please fill out this registration form for each individual young person, each school year.
- Please fill out the attached Youth Programs Medical Authorization Release and volunteer opportunities and assessment on the back of form.
- Please let us know if you do not want to be contacted again or taken off our Youth Ministries lists.
- You can return this form to Marta Fioriti, Youth and Young Adults Coordinator or leave it in the church office or fax it to (719)633-4715. Any questions or comments please call 719-635-3549 or e-mail at marta@fcucc.org.

Family Information:

Parent/Guardian Name	Home Address (Street, City, Zip)

Emergency Contact Information:

Parent/Guardian Home Phone	Cell Phone	E-mail	Persons authorized to pick up my youth or will they be driving?

Other Local Emergency Contact:

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Youth's Name	DOB	AGE	Grade	Allergies or special needs

Youth's Cell Phone	Youth's E-mail

Photo Release

FCUCC has permission to photograph my children during Youth Ministries events and use these photos in church promotional publications and on the FCUCC website.

Parent Medical Authorization

I/We grant permission for steps to be taken as are necessary to obtain emergency medical care for my child. The steps include, but are not limited to:

1. Attempt to contact parent/guardian.
2. Attempt to contact the child's physician or another contact persons listed.
3. Attempt to contact a parent through the emergency contact persons listed.
4. If necessary, call an ambulance or have the child taken to the nearest emergency room by FCUCC staff.
5. Any expense incurred under item 4 will be the responsibility of the child's family.
6. FCUCC will not be responsible for anything that may happen as the result of false or incomplete information given at the time of registration, or as a result of false or incomplete information given at the time of registration.

Name of physician _____ Phone _____

Your signatures indicate that you agreed to the terms of the Photo Release and the Medial Authorization.

Medical Authorization: Parent/Guardian Signature _____

Photo Release: Parent/Guardian Signature _____