

**SAINT STEPHENS UCC
MIDDLE SCHOOL YOUTH**

Registration Form: 2019-2020 Program Year

Child's Information:

First Name: _____ Middle Name: _____ Last Name: _____

Birth date:(mm/dd/yyyy): _____ Age: _____

Telephone #: _____

Address: _____ City/State: _____ ZIP Code: _____

School Attending: _____ Grade Level: _____

Parents/Guardians Name(s): _____

Emergency Contact: _____ Telephone #: _____

Student Email: _____ Parent Email: _____

To Whom It May Concern:

This is permission for _____ to attend youth group meetings, activities, and events at Saint Stephens United Church of Christ during the 2019-2020 program year. I/we agree to hold the church, its members, officers, and pastors blameless in the event of an accident of any kind during such events. Further, I/we give permission to adult teachers to obtain medical treatment for the above named minor if this becomes necessary.

Parent's/Guardian's Signature

Printed name: _____ Date: _____

Medical Release Form

Parent/Guardian's Name: _____ Work Phone: _____

Alternative Emergency Contact Name: _____ Phone: _____

Physician: _____ Phone: _____

Medical Plan Name and Number: _____

Please list any allergies or other medical information we should know:

Do you give permission for the church to publish pictures and/or name of your child in the weekly newsletter and/or social media or other media? _____ Yes _____ No

Do you want to receive text messages regarding children's or youth activities scheduled at Saint Stephens UCC this program year? (If so, please list cell numbers here and attach a name.)

Any other information about your child you think we should be aware of?

