

Children's and Youth Program Registration 2024-2025



CHILD/YOUTH

LAST _____ FIRST _____ Personal Pronouns _____

Birthdate _____ Grade in 2024-25 _____ School _____

Allergies or special needs _____

Interests/Talents/Needs/Challenges? _____

Child's Email _____ Child's Phone _____ Text (Y/N)? _____

PARENT/GUARDIAN

LAST _____ FIRST _____

Phone _____ Text (Y/N)? _____

Mailing Address _____

City _____ State _____ Zip _____

Best Email Address _____

SPOUSE/PARTNER

LAST _____ FIRST _____

Phone _____ Text (Y/N)? _____

We send out a weekly email detailing the coming Sunday's activities, as well as infrequent notices about special events. Would you like to receive this email? You can unsubscribe any time. Y/N? _____

Ours is a cooperative program, and we rely on volunteers to make it work.

Please assist us in keeping our programs running smoothly. We ask one adult from each child's family to assist us one time per month as a helper. Please indicate which Sunday and age range you feel comfortable assisting?

_____ 1st Sunday _____ 2nd Sunday _____ 3rd Sunday _____ 4th Sunday _____ Call when you need me

With whom do you prefer to work:

_____ Pre-K _____ Elementary _____ Middle School _____ High School _____ Inanimate Objects

How would you like to share your talents? Please check all that apply.

_____ Lead Social Action Activities _____ Classroom Assistant _____ Inclusion Buddy

_____ Special Events (Parties!) _____ Greeter _____ Family Ambassador

Remember to fill out the Medical and Field Trip form here!

ASUC MEDICAL RELEASE & FIELD TRIP AUTHORIZATION

Must be completed and signed annually by a parent or guardian. One form must be signed per child.

I, (Name of Parent or Guardian) _____, am the parent or legal guardian of (Name of Youth) _____. I give my consent for him/her to participate in any and all events, activities and field trips sponsored and endorsed by All Souls Unitarian Church (All Souls) during the period from August 1, 2024 to October 31, 2025.

I give my consent and authority for the All Souls staff and designated adult volunteers to take action to help insure the safety, health and welfare of my son/daughter/ward. I also empower and authorize the All Souls staff and designated adult volunteers to authorize medical personnel, physicians and hospitals that they select to provide all medical care and treatment, including but not limited to hospital tests, emergency surgical care, pathology, radiology, anesthesia, surgery, injections and prescriptive drugs for the health of my child. I understand that I am responsible for any charges incurred. I also authorize the release of any and all information necessary to provide for the medical care and treatment.

I acknowledge that by participating in All Souls sponsored events my child/ward may be involved in activities occurring both on and off church property, during both day and evening hours, occasionally involving overnight stays, requiring transportation by motorized vehicles, involving the preparation and consumption of food and involving the use of tools, equipment, fire and other materials. I further acknowledge that by participating in All Souls related activities, my child/ward may become involved in recreational and sporting activities, including but not limited to hiking, climbing, bicycle riding, rafting/canoeing, frisbee, laser tag, yoga and bowling. Accordingly, I acknowledge that participation in All Souls sponsored activities involves certain dangers and risks and may expose my child to hazards of bodily injury and property damage.

In recognition of these risks and in consideration of my child/ward being allowed to participate in and benefit from these All Souls sponsored events, I agree on behalf of myself and my child/ward to release, waive and disclaim any and all liabilities of, or claim against All Souls, its officers, board members, staff, agents, servants, employees and all persons volunteering services without charge to transport, supervise and/or chaperone my child/ward while participating in such All Souls sponsored activities, including but not limited to any and all liabilities or claims for personal injury, property damage, court costs, attorneys' fees and interest, however caused or accrued as a result of my child/ward participating in such All Souls sponsored events.

I understand that this document is valid for all of the current church year, unless revoked in writing and delivered to the business office of All Souls. I further understand that it is my responsibility to keep current information contained in the records held in the church office including, but not limited to, my address, phone number, emergency contact and insurance information.

A photocopy of this consent form shall be as binding as the original.

Signature of Parent or Legal Guardian

Today's Date

Child's date of Birth _____ Child's grade (2024-2025) _____

Describe any medical conditions or special needs, including medications and allergies, that your child has that you believe that the All Souls staff and volunteers should be aware of to better provide his or her care (use back as needed):

Emergency Contact **other** than parent/guardian: _____

Phone numbers: _____

Medical Insurance Carrier: _____

Policy #: _____ Group #: _____

INSECT REPELLANT & SUNBLOCK RELEASE: I agree that All Souls may apply Sunscreen and/or insect repellent to my child as activities warrant.

Parent/Guardian Signature: _____ Date: _____

PHOTO & VIDEO RELEASE:

I agree that All Souls may use photographs or video recordings of my child for use in promotional materials.

Parent/Guardian Signature: _____ Date: _____