**One form per child please**

Student first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student last name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

Gender: male female Grade entering: \_\_\_\_\_\_\_

Home Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

medical issues, allergies, or special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It would be nice if my child were placed in the same group as (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_ city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP: \_\_\_\_\_\_

email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ other phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

alternate pick up name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ alternate pick up name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical release**: I give permission for the United Presbyterian staff/volunteers to administer basic first aid to my child (named above) in the event of an injury. I understand that the UPC staff will contact emergency services in the event of a significant injury and all expenses for such surgery will be paid by me.

Parents Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo release**: I hereby **\_\_\_\_\_\_\_\_ give permission \_\_\_\_\_\_\_\_\_\_\_ do not give permission** for the above-named churches permission to copyright and use photographs/videos taken at united Presbyterian Church of the minor designated above in any manner or form for any purpose lawful at any time. I waive any rights that I may have to inspect or approve the finished product or a written copy, that may be used in conjunction there with, or they used to which it may be applied.

Parents Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I do give permission I do not give permission**

**Permission to attend:** I give permission for my child (named above) to attend the events listed above. I understand that the information I get for this registration will only be used by the hosting church and that all registration info will be removed from the hosting site by December 31 of this year.

Parents Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_