



Unitarian Universalist Congregation of Salem
Lifespan Religious Exploration
Children/Youth Registration
2015-2016

Parent/ Guardian: _____	Relationship: _____
Parent/ Guardian: _____	Relationship: _____
Address: _____	City/Zip: _____
Phone Numbers: _____	home cell other
Emails: _____	
Adult responsible for child(ren) when parent not present:	
Parent(s) attend(s) UUCS? YES NO _____	

Child(ren)'s Names	DOB	Grade	Special Needs/Allergies/Diet/Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Publicity Permission, Family Covenant Acknowledgement and Medical Waiver:

Please check to acknowledge your preference for photographs and videos.

_____ I, the parent/guardian, grant permission for UUCS to use any photos and/or videos **without** identifying information (name, age) of the above-named child(ren) for social media, advertisement, or in-house publication.

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_____ I, the parent/guardian, do NOT grant permission for UUCS to use any photos and/or videos of my child(ren) for any purpose.

Family Covenant Acknowledgement

My family has read and discussed the **Family Covenant and Responsibilities** document and we (please check one):

___ will do our best to affirm and support the principles and content therein.

___ do not feel comfortable with this document at this time and would like to have a conversation with the Director of RE Team member to better understand.

I, the parent/guardian of the above-named child(ren) grant permission to UUCS to take her/him/them outside on the UUCS grounds during RE classes. If I cannot be contacted, I grant permission to the supervising adult to authorize necessary emergency medical treatment. I agree to be responsible for any expenses that may be incurred as a result of an accident or medical emergency involving the above-named child(ren).

Physician _____ Phone # _____

Parent/Guardian Signature _____ Date _____