

RELIGIOUS EXPLORATION REGISTRATION FORM 2016-2017

Please Print

Primary Parent/Guardian:		
Home Address:		
Home Phone:	Cell Phone:	
Occupation:	Where Employed:	
Email Address:		
Secondary Parent/Guardian:		
Home Address:		
Home Phone:	Cell Phone:	
Occupation:	Where Employed:	
Email Address:		
Children Enrolled in RE Program:		
Name	Birth Date	Grade
Medical Information:		
Primary Doctor:	Phone:	
Health Insurance Plan:		
Medication(s) each child is taking (PLEASE INCLUDE OVER-THE-COUNTER MEDICINE).		
Describe any allergies/reactions we should be aware of for each child:		

List any adult who is NOT allowed to pick up your child(ren) from RE:

Unitarian Universalist Church of Evansville - 2910 Morgan Avenue - Evansville IN 47711

From time to time the Unitarian Universalist Church of Evansville takes field trips or holds overnights to help children learn more about curriculum topics and/or foster group spirit and growth. These outings and events will be chaperoned by adults, and any outings requiring transportation will be taken in vehicles driven by licensed adult drivers, all using seat belts. Please sign below if you give permission for your child to participate in class outings and events, assuming that all reasonable and proper precautions will be taken for your child's safety. (Note: We will also have separate permission slips for each event.) Your signature also gives us permission to obtain emergency medical help for your child(ren) if needed.

PERMIT FOR EMERGENCY TREATMENT OF A MINOR CHILD:

Are there any medical conditions that designated person(s) should know about these children?

_____ NO _____ YES

If YES, please explain:

Date of most recent tetanus immunization/booster: _____

Emergency Telephone Number(s): _____

I/We hereby designate a representative of the Unitarian Universalist Church of Evansville to authorize any reasonable and necessary emergency medical care needed by child(ren) if a parent/guardian cannot be contacted, while the above name child(ren) is/are participating in church related activities or field trips. This designation shall be effective for the period from September 1, 2016 to August 31, 2017.

Signature of parent/guardian

_____ Date: _____

Signature of parent/guardian

_____ Date: _____

Unitarian Universalist Church of Evansville

Media Release Form

We often take photographs and videos of adults, youth, and children as they participate in congregational events such as worship, religious education programming, social events, and justice events. We use these images to promote our congregation and our faith in print, on the Web, and on social media.

By signing this form, you authorize the use of your image in these photographs and video recordings, as described below. (Note that providing us an image or recording constitutes your agreement to the Congregation General Usage section without your needing to also sign this form.)

No names nor other identifying personal information about individual children or minor youth will be published without your explicitly stated permission to do so in each individual case.

Names of minors (children or youth under 18) covered by this agreement:

Please check all that apply:

Unitarian Universalist Usage

☐ I hereby authorize ***Unitarian Universalist Church of Evansville*** to grant permission to other UU groups, such as the Unitarian Universalist Association, Unitarian Universalist Service Committee, and UUA member congregations, to make use of the congregation's media that includes me and any minors listed here.

Congregational General Usage

☐ In consideration of the benefits I receive from my association with ***Unitarian Universalist Church of Evansville***, I hereby authorize ***Unitarian Universalist Church of Evansville*** to make use of my likeness and voice (and that of any minors listed here) in photographs, videos, or audio recordings on their website, in their social media, in their online photo albums and video channels, and in print. This grant is final and on-going, without any additional restrictions or limitations.

Congregational General Usage with Restrictions

☐ I grant ***Unitarian Universalist Church of Evansville*** permission to do the above, with these additional terms and conditions:

Congregational Internal Usage Only

☐ I do not authorize ***Unitarian Universalist Church of Evansville*** to make use of my likeness (and that of any minors listed here) in photographs, videos, or audio recordings that are shared beyond the walls of the congregation.

Name (printed): _____

Signature _____ Date _____

(must be signed by a parent/guardian of a participant under 18 years)