

**The Congregational Church in Killingworth, UCC**  
**2014-2015 Youth Group Registration Form**

Youth's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address of Parent or Guardian \_\_\_\_\_

**In Case of Emergency Notify (other than parent or guardian listed above):**

1st \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_

2nd \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_

**Medical Information:**

Name of Primary Care Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Last Tetanus Immunization \_\_\_\_\_

**Insurance Information**

Health Insurance Company \_\_\_\_\_

Name on Insurance Card \_\_\_\_\_

Policy / ID # \_\_\_\_\_

**Permission to Treat**

In case of medical emergency, I give permission to the Congregational Church in Killingworth to provide and or obtain medical assistance as needed for

\_\_\_\_\_ (youth's name).

Signature of Parent or Guardian \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_

**Photo Release**  
**The Congregational Church in Killingworth, UCC**  
**Youth Group**  
**September 1, 2014– August 31, 2015**

Photographs are occasionally used on bulletin boards, church newsletters, power point presentations and the church's websites to share news about our ministry with the rest of the congregation. We would like to include photographs from the Youth Group and ask for your permission to do so. Names of minors will not be included with any internet publications.

I (parent/guardian) \_\_\_\_\_ give my permission for photographs of (son/daughter/charge) \_\_\_\_\_ to be used for publicity within the churches, including the church's newsletters, bulletin boards, power point presentations and the church's websites.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_