

## Religious Education Registration

This permission form with the information provided below authorizes my child to participate in all RE and/or Youth Group activities that are on or off church property from August 15, 2018 – September 30, 2019. A brief additional signed permission form will be required for specific activities or field trips. This form may be shared with Church Administrators, Ministers and RE Teachers.

Child's Name \_\_\_\_\_

Child's Grade \_\_\_\_\_ Child's Birthdate \_\_\_\_\_ Session Preference: 9:00 11:00

Parent/Guardian ("Adult") #1 Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Parent/Guardian ("Adult") #2 Name \_\_\_\_\_

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

Email \_\_\_\_\_ Home Phone (if different) \_\_\_\_\_

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

**Special needs of my child** include the following allergies (to food and/or medicine), reactions, physical needs (including behavioral) special medication or other medical conditions (**Please say "NONE" if none are known**):

**Please initial below where applicable:**

Adult #1	Adult #2

**I have read the Safety Guidelines for Children and Youth** and understand the rules and the consequences of infraction. (Available on CLUUC website)

Adult #1	Adult #2

**I have read the Code of Ethics** and understand the rules and the consequences of infraction. (Available on CLUUC website)

Adult #1	Adult #2	Youth

**For 6-12 Graders and their parents: I have read the Rules of Conduct Contract** and understand the rules and the consequences of infraction. (Available on CLUUC website)

Adult #1	Adult #2

**My child** has my permission to participate in activities under Cedar Lane Unitarian Universalist Church (CLUUC) supervision, with the understanding that

CLUUC will assure that the each activity is properly supervised. I hereby relieve CLUUC, the leadership thereof, and the persons conducting this activity of any liability in connection with my child's participation in this activity.

\*Please Note: we will never identify children in our publications or online without express permission.  
Also Please Note: you will not be considered to be "opted out" unless and until you supply a photo to be kept on file in the RE Office.

**In the event of an medical emergency**, I understand that an attempt will be made to contact me at all provided phone numbers. In case I cannot be reached, I have arranged

\_\_\_\_\_ (name and phone of relative or friend) to be an “emergency contact”. If the emergency contact or I cannot be reached in time, I hereby authorize the administration of emergency medical aid to my child. In emergencies requiring immediate medical attention, my child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. My signature authorizes the responsible person from Cedar Lane Unitarian Universalist Church conducting this activity to have my child transported to that hospital. I agree to accept financial responsibility for any and all emergency medical care so provided. I also authorize the CLUUC trip supervisors to administer to my child the medications, if any, listed elsewhere on this form.

Adult #1	Adult #2

**I authorize CLUUC to make use of photographs, videos, or audio recordings** of my likeness and/or that of my child to be shared beyond the walls of the congregation. For objections, contact the CLUUC LRE

Administrator at re@cedarlane.org\*

Signature of Parent/Guardian

1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian

2: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Child/Youth:

\_\_\_\_\_ Date: \_\_\_\_\_

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