

CYRE Registration 2006-'07

Please complete this registration form for your children. We need to update our information each year. Children remain with their age group for the entire year.

1. Student's name _____ Male ____ Female ____ Age ____
Birthdate _____ School _____ Grade as of 9/1/05 _____

2. Student's name _____ Male ____ Female ____ Age ____
Birthdate _____ School _____ Grade as of 9/1/05 _____

3. Student's name _____ Male ____ Female ____ Age ____
Birthdate _____ School _____ Grade as of 9/1/05 _____

Parent/Guardian Name _____

Address _____ zip _____ Hm phone _____

Email address _____ Wk Phone _____ Cell _____

Parent/Guardian Name _____

Address _____ zip _____ Hm phone _____

Email address _____ Wk Phone _____ Cell _____

GENERAL TRIP PERMISSION AND MEDICAL WAIVER

I, the parent/guardian of the above-named child grant permission to Anchorage UU Fellowship to take him/her on church sponsored trips or activities. I grant permission to the supervising adult to authorize necessary medical services in an emergency, including injections, anaesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below. I agree to be responsible for any expenses not covered by my insurance that may be incurred as a result of an accident or medical emergency involving the above-named child.

Health Ins. Provider _____ Policy No. _____

Name of Insured Party _____ Preferred Hospital _____

Doctor _____ Phone No. _____

Person to contact if parent not available _____ Phone No. _____

Special Health Conditions, Medications, Allergies: _____ None _____ Please describe:

MEDIA PERMISSION

Yes _____ no _____ I grant permission for photos of my child in RE activities to be published on the church web site. I understand there will be no names attached.

Parent/Guardian Signature _____ Date _____

____ I would like information/registration forms about the Jr High OWL (sexuality) program

____ We plan to attend 9:00 RE (ages _____)

____ Enclosed is a \$10 per child suggested snack donation for the year - maximum \$20 per family (can be waived if necessary, speak to Rosene Beachy, DLRE).

As this is a volunteer organization, we need everyone's participation in some way. Please identify how you can contribute to the program on the attached volunteer form.