

CYRE Registration 2009-'10

We need to update our information each year. Please note age and grade as of 08/15/09.

***Children remain with their age group for the entire year.

Also, 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.*****

Student's name	Age	M/ F	Birthdate	School/Grade	Allergies/Medical Alerts>>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

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 _____, Other _____

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 _____

_____ 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).
