

Olympia Brown Sunday School Registration

Guardian Name(s): _____

Address: _____

Main Phone and/or Cell: _____

Email Address(es): _____

Additional Addresses and/or names of other Guardians:

We are trying to help Mother Earth by going paperless in the O.B.U.U.C. Sunday School! However, it is ESSENTIAL that we get important information to you at all times. Please circle your preferred method of communication:

EMAIL

US MAIL

Please fill out the chart below for every child in your family (infants through high school)

First/Last Name of Child & Name they prefer to be called	Birthday MM/DD/YY	Current Grade Level	Allergies/Special Needs	Interests/Strengths/ Challenges

Help Wanted!

Please indicate which areas you are available to help out the RE Department-

1) Sunday School Volunteers (Teachers, Substitutes and Summer Service Assistants)

a. _____

b. _____

2) Activities Coordinators (Fall Retreat, Various Parties, Chalice Camp)

a. _____

b. _____

Communications Consent

Do you give consent for your child's photo & video image to be taken during activities in our RE Program?	Y	N
Do you give permission for these images to be used on bulletin boards, newsletters or in the sanctuary?	Y	N
Do you give consent for your child (RE) to participate in all Sunday School activities (including occasional outdoor activities) with adult supervision?	Y	N

Child and Youth Participation Release

I, who have provided my name on the reverse side of this document as the guardian, represent that I am the parent or legal guardian of all the minors listed on the reverse side of this document, and I grant permission for such minor(s) to participate in the Religious Education programming of Olympia Brown Unitarian Universalist Church.

I agree and hereby do release and hold harmless Olympia Brown Unitarian Universalist Church of Racine Wisconsin and/or any and all supervisors, teachers, volunteers, or employees for the activities of the Religious Education program, from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which the minor may sustain while engaging in the activities conducted, except as to such injuries or damages arising from the intentional conduct or the sole negligence of OBUUC and/or its supervisors, teachers, volunteers, or employees, except that this release shall not apply to any damages, loss or injuries covered by liability insurance of OBUUC. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries, as described herein which may be caused or contributed to by the minor to the person or property of others.

Parent or Guardian's Signature _____ Date _____

DRE or Designee's Signature _____ Date _____