



UU Teens (Middle School Aged) Registration

Child Information

First & Last Name: _____

School Attending: _____

Grade In School: _____

Birthdate: _____

Parent/Guardian Information

Significant Adult Name(s): _____

Address: _____

Main Phone and/or Cell: _____

Email Address(es): _____

Preferred method of communication: **EMAIL** **US MAIL**

May we send you email on a weekly basis? **YES** **NO**

Additional Addresses and/or names of other Guardians:

Help Wanted!

Chaperones for overnights, church/temple visits; including drivers. If you're interested in chaperoning please circle the choices below:

I will chaperone church/temple visits but not as a driver.

I will chaperone church/temple visits and will drive a group of teens.

I will chaperone a Youth Group overnight held in the church annex.

Communication Consent

Do you give permission for your child's photo & video image to be taken during activities in the RE Program?

YES NO

Do you give permission for these images to be used on bulletin boards, newsletters, or in the sanctuary?

YES NO

Do you give permission for your child to participate in all Sunday youth activities (including occasional outdoor activities) with adult supervision?

YES NO

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 _____