

2016-2017 Coming of Age Registration

Youth's name (first & last) _____

Youth's Email Address _____

Birth Date _____

Address _____

City

ZIP

Parent Email

Address(es) _____

Mother's name(first and last) _____

Mother's home phone _____ Work phone _____

Father's name (first and last) _____

Father's home phone _____ Work
phone _____

Additional address, if any _____

City

ZIP

My child _____ has my permission to accompany UU Coming of Age Program coordinator(s), mentor(s), and/or parents of Coming of Age participants on all Coming of Age outings, field trips, and events during the current Program Year. This may include Kick Off event, church visits, weekend retreats, social action outings, youth-mentor meetings and outings, and other gatherings from September through May. I authorize the treatment, administration of anesthesia, and surgical treatment(s) for my child in the event of a medical situation occurring during these events.

Medical conditions to be aware of: _____

Allergies: _____

Immunizations (including tetanus) are up to date for current program year: Yes___ No___

Medication (prescription and non-prescription) taken by my child on a regular basis: _____

My child may be given over the counter type pain/fever reducing medication (aspirin, acetaminophen, ibuprofen, naproxen sodium) by a mentor or program coordinator as deemed necessary, according to recommended dosage printed on container. Yes___ No___ If no, please indicate specific medication that may be administered.

*NOTE: Medications to be taken must be provided in original containers with dosage, frequency, and any other pertinent information indicated.

Special concerns of which we should be aware (food restrictions, family concerns, etc.) Attach additional information if needed.

Child's Physician _____ Phone # _____

Insurance Company _____ Phone # _____

Policy # _____ Group # _____

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

Please make check for \$250 out to Fox Valley Unitarian Universalist Fellowship. Add 2016-2017 Coming of Age in the memo line.

In the event that the Coming of Age fee creates a financial burden on your family, please contact Kim Hartman to discuss options.

Email to Cyndi Polakowski at cyndi@fvuuf.org

Mail to: Fox Valley UU Fellowship
P.O. Box 1791
Appleton, WI 54912

Podcasting Permission/Release

I hereby voluntarily and without compensation authorize pictures and or voice recordings to be made of me. I hereby give permission the Fox Valley Unitarian Universalist Fellowship to use, reproduce, and distribute the video footage, or voice recordings, including my name. I hereby agree to release the Fox Valley Unitarian Universalist Fellowship from any claim's damages or liability arising out of such use or distribution. I understand that the use of my child's name, likeness, and voice recordings will be primarily for the purposes of religious education (i.e. podcasting the worship service) by this organization. I have read and understand the forgoing and I consent to the use of my picture and or voice as specified for the above-described purpose. I further understand that no royalty, fee or compensation of any character shall become payable to me beyond the standard honorarium paid to pulpit guests.

If person is under 18: I, _____, am the parent/legal guardian of the individual named above. I have read this release and approve its terms.

Printed Name:

Signature: _____ Date: _____

Texting Permission

I give permission for my child to be contacted via text message. I understand that I will receive the same text message.

Child's cell number _____

Parent cell number _____

Printed Name:

Signature: _____ Date: _____

Please contact Kim Hartman if you have questions about this form

kim@fvuuf.org

920-731-0849