

APPENDIX 9 - HOPE UCC – PAGE 1
REGISTRATION FORM - YOUTH GROUP

Date completed: _____

Name of Youth: _____ Pronoun Preference: _____

Date of Birth: _____ Age: _____ School: _____ Grade: _____

Address of Youth: _____

Siblings (names and ages): _____

Confirmed: ___Yes ___ No Date: _____ Does your youth want to help with Sunday School? ___Yes ___ No

HEALTH INFORMATION

Allergies ___ YES ___ NO If yes, explain _____

Medications ___ YES ___ NO If yes, explain _____

Special Health Conditions ___ YES ___ NO If yes, explain _____

Name of Family Physician: _____ Phone Number: _____

Name of Dentist: _____ Phone Number: _____

Is there anything else we should know about your youth?

MEDICAL INSURANCE INFORMATION

Medical Insurance Carrier: _____

Name of Insured: _____ Policy/Group #: _____

Employer Providing Insurance (or self): _____

TRANSPORTATION AGREEMENT

_____ My youth is allowed to walk or ride their bicycle to and from Hope UCC.

_____ My youth is allowed to drive to and from Hope UCC.

_____ I will arrange to transport my youth to and from Hope UCC.

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The following persons have permission to transport my youth in my absence:

Name and Phone Number _____

Name and Phone Number _____

_____ I understand that Hope UCC SafeConduct™ procedures do not allow for less than two adult supervisors to be with youth. In the event a youth has not been picked up at the conclusion of a Hope UCC activity, two adults will remain and the parent or person (named above) authorized to transport the child will be contacted. The youth will not be left alone.

CHECK-IN AND CHECK-OUT AGREEMENT

_____ I (or person listed above) will check my youth in and out of Hope UCC activities at the designated time.

_____ My youth will check themselves/self in and out when they walk, ride their bike, or drive to Hope UCC activities. We have discussed this procedure.

PHOTOGRAPH RELEASE AGREEMENT

Hope UCC shares the activities of Hope through photos and videos in church newsletters, on the church website and on social media site/s. Images will **NOT** include names.

_____ I approve my youth’s image being included in photos and videos of Hope UCC activities.

_____ I do not want my youth’s image included in photos or videos of Hope UCC activities.

AUTHORIZATION

_____ I authorize reasonable first aid and emergency medical services deemed necessary for the youth named above in the event of an accident or injury, understanding that I will be contacted promptly if such a situation arises. I also acknowledge that I will be ultimately responsible for the cost of any medical care not reimbursed by health insurance available to the youth involved.

_____ I consent to the checked agreements in this Registration Form.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Second Parent/Guardian (print): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

This Registration Form will be kept in a binder in the Hope UCC Office except during Youth Group activities.

** The Hope UCC SafeConduct™ Policy and Procedures document can be found on the Hope UCC website, www.hopechurchdc.org