

PLYMOUTH Plymouth Church UCC



Registration and Event Release Form

Valid: September 2019 – September 2020

PLEASE PR	INT (ADDITIONAL CHILDREN/YOUTH ON BACK)
CHILD/YOUTH NAME	BIRTH DATE
SCHOOL	GRADE
YOUTH CELL () — _	YOUTH E-MAIL
	ons to avoid, medications being taken, dietary restrictions, or
other conditions we should know	about, OR indicate "none":
1ST PARENT / GUARDIAN FIRST	& LAST NAME
	HOME PHONE ()
CITY	STATE ZIP
2ND PARENT / GUARDIAN FIRST	& LAST NAME
CELL () —	E-MAIL
COMPLETE IF DIFFERENT:	HOME PHONE () —
STREET ADDRESS	
CITY	STATEZIP
EMERGENCY CONTACT NAME	eached in case of emergency, please contact:
PHONE ()	RELATIONSHIP
whom I am the parent or legal guestion. I am the parent or legal guestion that I understand a child/children and I understand a working as a volunteer) of the chiresulting to the child from the acceptance.	ling, I hereby give permission for the named child/children, for participate in the activities sponsored by Plymouth assume all risks of accident, injury, or damages to the and agree that no employee or agent (whether employed or urch will be held liable for any accident, injury, or damages tivity. In case of emergency or accident at the activity, I hereby a administer any medical attention deemed necessary.
PARENT/GUARDIAN SIGNATURE	DATE
	nurch to use pictures/videos of my child/children (names will motion of their events on Plymouth's website and social media.
PARENT /GUARDIAN SIGNATURE	DATE

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	GRADE	
YOUTH CELL () — YO	OUTH E-MAIL	
Please list any allergies, medications to avoid	d, medications being taken, dietary restrictions, or	
other conditions we should know about, OR	indicate "none":	
	BIRTH DATE	
SCHOOL	OUTH E-MAIL	
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