



# Plymouth Church, UCC

## Registration & Activity Release Form

Valid: September 1<sup>st</sup> 2024 – August 31<sup>st</sup> 2025

PLEASE PRINT & COMPLETE BOTH SIDES

**1ST PARENT / GUARDIAN FIRST & LAST NAME** \_\_\_\_\_  
CELL (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**2ND PARENT / GUARDIAN FIRST & LAST NAME** \_\_\_\_\_  
CELL (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ E-MAIL \_\_\_\_\_  
*COMPLETE IF DIFFERENT:* HOME PHONE (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

If a parent/guardian cannot be reached in case of emergency, please contact:

EMERGENCY CONTACT NAME \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Parent or Legal Guardian: By signing, I hereby give permission for the named child/children, for whom I am the parent or legal guardian, to participate in the activities sponsored by Plymouth Church UCC of Shaker Heights. I assume all risks of accident, injury, or damages to the child/children, and I understand and agree that no employee or agent (whether employed or working as a volunteer) of the church will be held liable for any accident, injury, or damages resulting to the child from the activity. In case of an emergency or accident at the activity, I hereby grant permission to a physician to administer any medical attention deemed necessary.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I give permission for Plymouth Church to use pictures/videos of my child/children (names will NOT be used) in the sharing/promotion of their events on Plymouth's website and social media.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## Registration & Activity Release Form

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PLEASE PRINT & COMPLETE BOTH SIDES

**CHILD/YOUTH NAME** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**YOUTH CELL (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ YOUTH E-MAIL** \_\_\_\_\_

Please list any allergies, medications to avoid, medications being taken, dietary restrictions, or other conditions we should know about, OR indicate "none":

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**CHILD/YOUTH NAME** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**YOUTH CELL (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ YOUTH E-MAIL** \_\_\_\_\_

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