**Registration and Consent for Programs/Activities for**

**Children, Youth or Vulnerable Adults with Caretakers or Guardians**

**(Please Print or Type)**

NAME (CHILD/YOUTH/VA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_

 ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRIMARY DOCTOR/CLINIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ALLERGIES OR SPECIAL NEEDS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/CARETAKER/GUARDIAN PROVIDING PERMISSION

 NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHONE NUMBER(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT AND INFORMATION IF DIFFERENT THAN ABOVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHO MAY PICK UP AFTER ACTIVITIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM/ACTIVITY**:**(For 2024-2025)**

 Sunday School\_\_\_\_\_; Middle School Group(s) \_\_\_\_\_; High School Group(s)\_\_\_\_\_

Confirmation \_\_\_\_\_; Kids’ Club \_\_\_\_\_; OWL (9th & 10th Grades) \_\_\_\_\_; OWL (4th & 6th Grades)

\_\_\_\_\_; Summer Vacation Bible Camp \_\_\_\_\_\_

 Other \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my child/youth/vulnerable adult permission to participate in the activities above. I understand that on occasion plans are made for students to travel in vehicles to engage in supervised mission or visiting activities or they may travel on foot in the area around the church (e.g., Wilson Park, UW Stout). In case of a medical emergency during church activities, if I cannot be reached, I authorize First Congregational UCC of Menomonie to take such emergency action as may be necessary.

First Congregational UCC staff and/or church volunteers may take pictures of children/youth/vulnerable adults during church activities. I agree that such pictures may be used in displays, brochures, on official and/or Facebook websites without names. I understand that I will not be asked to approve any finished product.**\***

PARENT/CARETAKER/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_

**\***If you do not agree, please cross out this paragraph and initial.