

ZION UCC
2013-2014 Children and Youth Participation Form

Child/Youth Name	Gender	Date of Birth/Age	Grade	Allergies

Parent/Guardian Name _____

Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Parent/Guardian Name _____

Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Photo Release

____ Please check here if you give permission for photographs and videos of your child(ren) to be used by Zion UCC for educational or promotional purposes on the church website, facebook page, bulletin boards, newsletters, etc. Children's names will not be used.

ZION UCC

2013-2014 Children and Youth Participation Form

I'd like to help with the Children and Youth Ministries of Zion UCC by

___ Teaching Sunday School
 ___ Weekly ___ Occasionally

___ Helping in the Nursery
 ___ Weekly ___ Occasionally

___ Leading a Children's Message

___ Volunteering for Summer Camp

___ Fundraising

___ Other _____

EMERGENCY CONTACT

Name _____

Relationship to child(ren) _____

Phone number(s) _____

MEDICAL INFORMATION

Doctor's Name _____

Address _____

Phone Number _____

Health concerns _____

Parent's Signature _____ Date Signed _____