



Youth & Family Ministry Registration Form

First Time Registration OR Change of Information

Parent/ Guardian 1

First Name: _____

Last Name: _____

Birth Date: ___/___/___ Cell Phone: _____

Email: _____

Relationship to Child: _____

Head of Household Spouse Other: _____

Parent lives at the child's primary residence: Yes No

Emergency Contact Information: _____

List the names of others authorized to pick up your child: _____

Who is the point of contact for communication purposes? _____

Parent/ Guardian 2

First Name: _____

Last Name: _____

Birth Date: ___/___/___ Cell Phone: _____

Email: _____

Relationship to Child: _____

Head of Household Spouse Other: _____

Parent lives at the child's primary residence: Yes No

Liability Release & Authorization

By registering my child(ren) for the Unity Church of the Hills Youth & Family Ministry, I authorize that my child(ren)'s image may be photographed, filmed and used in video print, and web presentations. By giving my email address, I understand that I will be added to the Unity Church of the Hills mailing list. *UCOH will not give your personal information to any third parties.*

As the legal guardian of the child(ren) listed, I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the child(ren) listed; and, I understand and consent to all terms outlined on this page. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Youth & Family Ministry activities, understanding that some activities may pose a risk of injury. I will not hold liable Unity Church of the Hills or the Unity Worldwide Ministries, their employees, agents and event/youth group leaders for any injury, illness or property damage involving the child(ren) listed on this form.

Parent/Legal Guardian Signature

Date

Rev. YFM082014

Address Information (primary residence of child[ren])

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Individual Child's Information

1st First Name: _____ Last Name: _____ Goes by: _____

Birth Date: ___/___/___ Age _____ Gender: ___ Grade: _____ School: _____

Youth Email: _____ Youth Cell Phone: _____

Allergies/Special Needs: _____

2nd First Name: _____ Last Name: _____ Goes by: _____

Birth Date: ___/___/___ Age _____ Gender: ___ Grade: _____ School: _____

Youth Email: _____ Youth Cell Phone: _____

Allergies/Special Needs: _____

3rd First Name: _____ Last Name: _____ Goes by: _____

Birth Date: ___/___/___ Age _____ Gender: ___ Grade: _____ School: _____

Youth Email: _____ Youth Cell Phone: _____

Allergies/Special Needs: _____

Parent Partners are classroom helpers for Sunday School Classes.

Yes, I agree to be a Parent Partner once a semester