



Unitarian Universalist Fellowship of Northern Westchester

RE Registration & Participation Authorization

Please include information about all your children/youth and complete both sides of the form

Child/Youth's First Name	Last Name	Birth-date	Medical conditions or allergies? Please provide relevant details	School Grade Sept of 20__

Youth Phone & Email for Youth Group Communication _____

School District (we consult school calendars before we schedule RE activities to avoid conflicts) _____

Adult Name #1 _____	Adult Name #2 _____
Street Address _____	Street Address _____
City/State/ZIP _____	City/State/ZIP _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
e-mail Address _____	e-mail Address _____

Please provide all the information we might need to best serve your family. The confidentiality of this information will be respected, but shared as necessary with teachers, advisors or activity leaders. Truly confidential matters should be discussed with the Director of Religious Exploration or Minister.

By registering your child(ren)/youth for Religious Education, you are asking for a commitment from the Fellowship to provide a structured and meaningful learning community for them, and you are affirming your support of this learning. For the RE ministry to be successful, we invite parents/guardians into a reciprocal, collaborative partnership:

- Physically** -- by occasionally volunteering your time as a teacher, helping hand, mentor, advisor, or another role that will not consume your Sunday mornings; bringing your child(ren)/youth on a regular basis and communicating with teachers/advisors when they will be absent so they can adjust lesson plans or activities as needed.
- Spiritually** -- helping nurture the beloved community through constructive engagement of your child(ren)/youth, his/her teachers, the Minister and the Director of Religious Exploration.
- Financially** -- through meaningful annual pledges, according to your means. **Please check one of the following:**
 - I/we have already committed our annual pledge (thank you!)
 - I/we will submit our pledge in the near future
 - I/we will pay the RE fee (each family is asked to contribute a minimum of \$100; scholarships available through Rev. Dr. Tino)

Over →

Participation Authorization: I hereby give permission for my child to participate in the activities of the Unitarian Universalist Fellowship of Northern Westchester (“UUFNW”), of the Religious Education ministry and associated groups, the UU District of Metro NY, the Unitarian Universalist Association, and other activities and events, both on and off the premises of UUFNW, to attend and to travel by car/van, public transportation, other means to such events or other places. I understand that I will not be asked to give permission in each instance, and that this form shall remain in force from year to year unless I rescind it in writing to UUFNW.

Among the various activities in which my child may participate, I understand that some are supervised by adults and some give age-appropriate youth freedom to be independent and make their own decisions. I specifically give permission to view age-appropriate movies – these may be at UUFNW, at a movie theater or another location. Ratings: Children will be shown only “G” or “PG” movies. Middle school youth may view “PG-13” movies. High school youth may view movies rated “R.”

Accidents can happen at any time. In consideration for UUFNW permitting my child to participate, and on behalf of myself and my child, I hereby release, discharge, and indemnify UUFNW (meaning UUFNW *and* its members, directors, officers, organizers, employees, affiliated organizations, and any person associated or connected with it in any way) from any claim(s) I may have against UUFNW and from any claim(s) my child may have for any injury or illness arising out of my child's participation in the activities.

Photos: We often take pictures during classes, youth group and congregational events. We may display these in the RE brochure, webpage, or other publications to convey the vibrancy of our RE ministry. Unless requested otherwise, we will use photos of all children and youth.

Children's Health Insurance

Insurance Company _____ Policy # _____

My child has the following allergies, dietary restrictions, medical conditions, or other situation of which

UUFNW should be aware: _____

(add a sheet if needed)

I give my consent and authority for an adult present for the activity with my child to take any reasonable action to help ensure the safety, health and welfare of my child, and absolve them of liability. I give permission for any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician or hospital to safeguard my child's health when I cannot be contacted. I agree to be responsible for any medical expenses not covered by my insurance.

In case of emergency and if unable to reach me, please contact:

Name _____ Relationship _____ Phone (_____) _____ - _____

By signing below I state:

- *I am a parent or legal guardian of the child(ren) named on this form,*
- *I have fully disclosed to UUFNW all pertinent facts and acknowledge full responsibility for any omission or misstatement regarding such matters,*
- *I will update UUFNW in writing if anything stated herein changes,*
- *This participation, authorization and release shall remain in effect from year to year unless I rescind it in writing to UUFNW.*

Signature _____ Date _____