

**Union Church of Quincy
Youth Registration Form
2007-2008**

Student's Name	Date of Birth	Grade	Age	M F Sex
Parent's/Guardian's Name	Parent's/Guardian's Name			
()	()	()		()
Home Phone	Work Phone	Home Phone		Work Phone
Address	Address			
Student's or Parent's Email Address	Parent's Email Address			
City, ST ZIP Code	City, ST ZIP Code			

Alternative Emergency Contacts

Emergency Contact	() Home Phone	() Work Phone
Address	City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. *This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.*

Parent's/Guardian's Signature	Date
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I give permission for my student to go on field trips. I release Union Church of Quincy and individuals from liability in case of accident during activities related to Union Church of Quincy, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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As a participant in a Union Church of Quincy event, I will strive for/to:

- 1) "Best Effort" participation and behavior during all parts of any activity.
- 2) Exhibit a Christian attitude that shows respect for all individuals and church facilities.

Student's Signature	Date
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