

PLEASE NOTE THAT THIS FORM IS TWO SIDED AND BOTH SIDES MUST BE COMPLETED
REGISTRATION INFORMATION AND MEDICAL RELEASE FORM

Valid 09/2022 through 09/2023 for the church-related activities of
Congregational Church of Birmingham, United Church of Christ
1000 Cranbrook Rd.
Bloomfield Hills, MI 49304
Phone: 734.646.4511 Website: www.ccbucc.org

BASIC INFORMATION:

Name: _____ Birth date: _____
(Last) (First) (Mid. Initial) (mm/dd/yyyy)

Address: _____
(Street) (City) (State) (Zip Code)

Phone: _____ Email: _____
(Home)

Grade entering in September 2022: ____ T-shirt size: Child ____ Youth ____ or Adult ____

Allergies:

Medications: _____ Food: _____
Other: _____ Peanut Allergy? Y/N (if yes can student self administer EPI pen? ____)

Health Problems or Concerns: _____

Insurance Co.: _____ Phone: _____

Policy #: _____ Policy Holder's ID #: _____

Doctor's Name: _____ Phone: _____

PHOTO RELEASE FOR STUDENTS & ADULTS: I agree that video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the student/adult during the activities may be used, distributed, or shown as the church sees fit. _____ (initial to signify agreement)

MINOR RELEASE: (for minors only)

I give permission for my child _____ to participate in the programs sponsored by the Congregational Church of Birmingham. This permission slip is valid for all activities held in association with Congregational Church of Birmingham's Christian Education Program and other church related activities. _____ (initial to signify agreement)

I authorize my child to be transported to and from events in association with Congregational Church of Birmingham, understanding that there may be only one adult in the vehicle and this adult will be at least 21 years of age. Specific information regarding church related activities will be distributed to the child or parents and is available from the Director of Christian Education. Special events may require additional permission forms. _____ (initial to signify agreement)

In the event of an emergency situation in which medical treatment is required for my child as a result of participation with Congregational Church of Birmingham's church related programming, every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. _____ (initial to signify agreement)

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery (under recommendation of qualified medical personnel). _____ (initial to signify agreement)

I accept responsibility for any medical expenses for my child that are not covered by my medical insurance. I will provide an updated Medical Release Form to the Director of Christian Education of Congregational Church of Birmingham if and when any of the information provided on this form changes. _____ (initial to signify agreement)

Signature of Parent or Guardian of minor participant

Relationship

Date

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NAME OF CHILD/ADULT: _____

ADULT RELEASE: (for those over 18 only)

I (name) _____ am voluntarily participating in the programs sponsored by Congregational Church of Birmingham. This permission slip is valid for all activities held in association with Congregational Church of Birmingham's Christian Education Program and other church related activities. In the event of an emergency situation in which medical treatment is required as a result of participation with Congregational Church of Birmingham's church related programming, every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. _____ (initial to signify agreement)

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery (under recommendation of qualified medical personnel). _____ (initial to signify agreement)

I accept responsibility for any medical expenses that are not covered by my medical insurance. I will provide an updated Medical Release Form to the Director of Christian Education of Congregational Church of Birmingham if and when any of the information provided on this form changes. _____ (initial to signify agreement)

Signature of participant

Date

EMERGENCY CONTACTS:

In the event of an emergency, contact:

1. Name: _____ Cell Phone: _____
(Parent or Legal Guardian)

Relationship: _____ Home Phone: _____
Email address: _____ Work Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)

2. Name: _____ Cell Phone: _____
(Parent, Spouse or Legal Guardian)

Relationship: _____ Home Phone: _____
Email address: _____ Work Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)

SECONDARY EMERGENCY CONTACT:

In the case that the contacts listed above cannot be reached, please call:

3. Name: _____ Cell Phone: _____
(Parent, Legal Guardian, Relative or Responsible Person)

Relationship: _____ Home Phone: _____
Email address: _____ Work Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)

Please be aware that Congregational Church of Birmingham holds all records and forms in the utmost confidentiality for the purpose of protecting all people who participate in activities associated with the church's ministry. If you have any questions at any time about our privacy policy, our safety policy, church related programs, or the Christian Education Program, please contact the church office.