



INFANT - 12<sup>TH</sup> GRADE  
 SUNDAY SCHOOL AND YOUTH GROUP REGISTRATION  
**THE CONGREGATIONAL CHURCH OF NEEDHAM** 2016-2017



**Parent/Guardian:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Parent/Guardian Email address: \_\_\_\_\_

Mailing Address with Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Member of Church? Yes or No \_\_\_\_\_

**I will teach Sunday School the month of (circle one) Sept. Oct. Nov. Dec. Jan. Feb. March April May**

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Parent/Guardian Email address: \_\_\_\_\_

Mailing Address with Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Member of Church? Yes or No \_\_\_\_\_

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By entering my initials below, I hereby certify that I am aware of, approve of, and take full responsibility for the participation of the above named Participants in The Congregational Church of Needham's 2016-2017 Youth and Children Programming. Furthermore, I assume all risk of and financial responsibility for any loss or injury to my child or others that may occur as a result of negligence or misconduct by the child, and I release the Church, and its employees, volunteers, and other agents, from any and all responsibility and legal liability for loss, damage, or injury to the person or property of the child which may be sustained during or as a result of participation. In the event of an emergency, including illness, injury, or incapacity suffered by the Youth during the course of the programming, I hereby authorize the Youth Group Leader, a chaperone, or any other adult leader to act as agent for me in consenting to any reasonably necessary X-Ray examination, medical, dental, surgical, or psychological diagnosis, treatment, and/or care, advised and supervised by a physician, dentist, surgeon, psychologist, or social worker licensed to practice under the laws of the state in which the services are rendered. I understand that I, or the applicable insurance carrier(s), will be financially responsible for any such emergency services. I expect that attempts will be made to contact me in the event of any such emergency.

On occasion, children's photos may be posted on the Congregational Church of Needham's website, Social Media (facebook, twitter, instagram...) pages, or used in our monthly newsletter. This waiver will remain in effect for one (1) year from the date signed or until otherwise revoked. Thank you for your cooperation.

I give permission that my child's photograph can be published on the church website, social media pages, or used in the monthly newsletter.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Child full legal name :** \_\_\_\_\_ **Preferred 1<sup>st</sup> Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies/dietary restrictions: \_\_\_\_\_

Medications/medical conditions: \_\_\_\_\_

Baptized- Yes or No: \_\_\_\_\_  Infant/Toddler  Bible Village  6th-8<sup>th</sup>  Youth Grp

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