

**Unitarian Universalist Church of Worcester  
RE Registration 2007-2008**

Children's Names	Grade 9/07	Birth Date	9 or 11am Service
Child 1			
Child 2			
Child 3			
Child 4			

<b>Parent 1 Name:</b>		<b>Parent 2 Name:</b>	
Address		Address	
City		City	
State	Zip:	State	Zip:
Home Phone:		Home Phone:	
Cell phone:		Cell phone:	
E-mail:		E-mail:	

***For Parents of Teens:***

Please list your teen's e-mail address(es) if they would like to also receive correspondence about Youth Program events: \_\_\_\_\_

***All Parents:***

\_\_\_\_\_ Please check if you do not want your e-mail added to RE family mailing list

Please list known allergies or any information we should know about your child:

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**IN CASE OF MEDICAL EMERGENCY:**

I can be reached at \_\_\_\_\_

***If I cannot be reached, please notify:***

Name:	Cell Phone:
Relationship:	Phone:

Doctor Name:	Phone:
Health Insurance Provider:	Policy #
Subscriber's Name	

**(Please continue on the back)**

**PHOTO AND MEDIA RELEASE:**

I hereby give my permission to the UUCW to photograph my child(ren). I understand that any photo of my child will be used solely for the church purposes consented to by me below. The Church will not allow such photo(s) to be used for any other purpose or by any other person or organization without your prior consent. I may revoke this authorization upon written request to the DRE at any time. I also understand there will be no financial or other remuneration paid to me for using photographs of my child(ren). I further understand that the UUCW is not responsible for any liability incurred as a result of his/her participating in this photography.

Please indicate your preferences for your child by checking **ALL** of the appropriate lines below. If you do not want your child to be photographed for any reason whatsoever, please check only the last box

**I hereby consent and grant the UUCW the right to:**

\_\_\_\_\_use my child's photo on in-church bulletin boards or poster boards, (*first names only are used*)

\_\_\_\_\_use my child's photo on the church website (*no names or towns of residence will be used*)

\_\_\_\_\_use my child's full name for photos in the church scrapbook

\_\_\_\_\_use my child's photo, first and last name and town of residence in a newspaper (print or online), magazine or other publication requiring full identification.

\_\_\_\_\_ I do not want my child to be photographed.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_