

General Synod 2019
CHILD REGISTRATION AND PERMISSION FORMS

Please read, sign, and return to synodchildcare@wcucc.org by June 7, 2019

Parent/Guardian: _____

Phone: *where you can be reached before and during General Synod.*

Email: _____

Street Address: _____

Child's Name	Age or Grade entering Fall 2019	Birthdate
--------------	---------------------------------	-----------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Emergency Contact Information (if different than phone above)

Medical Information and History: Please list all necessary information for each child participating. Attach or add additional information as needed.

Pre-existing condition(s):

Allergies: (including food and bug bites):

Medications needed and directions for use and dosage:

Should your child's activity be restricted in any way? If so, what and why.

Special Needs or Concerns:

Behavior Covenant As God's people it is important that we act with respect and caring toward one another no matter our age. We expect children and adults participating in this program to adhere to a Covenant of Behavior with respect to language, demeanor and physical activity. If your child cannot abide by appropriate behavior standards, we will discuss this with you to assess what needs to change for the Covenant to be kept. If inappropriate behavior continues, he/she may forfeit participation in the Childcare/Children's Program. The Children's Program/Child Care program staff and the Local Arrangements Committee reserve the right to make a final determination of whether or not the Behavior Covenant has been violated to a degree that warrants removal of a child.

Personal Electronic Devices: We know many children have electronic devices they like to use. We also know these devices can be a distraction and prevent children from engaging in activities with others. If your child(ren) have such a device, please be aware we may not allow their use from time to time. We also reserve the authority to take and keep such devices if we feel it is necessary until you return to pick up your children. If there are special circumstances surrounding the use of your child and an electronic device, please let us know.

Child Release: Please release my child to the following people (required to show photo ID)

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

If there is a person to whom your child should not be released, please inform us in writing when you arrive in Milwaukee.



PARTICIPATION and MEDICAL PERMISSION WITH PHOTO and LIABILITY RELEASE

I give permission for my child(ren) to participate in the designated Childcare/Children's Programming during General Synod 32 in Milwaukee, Wis. from June 21-15, 2019. I will be responsible for the payment of the fees. I agree to the above medical and behavioral guidelines. I understand it is my responsibility to provide appropriate requirements for my child such as diaper bag with diapers, formula, medications, sunscreen, etc.

I give my permission for the Synod personnel and its designees to administer any necessary emergency medical care. I understand that every effort will be made to contact me in the event of an emergency.

Phone numbers for an emergency are: _____

Signature Parent/Guardian: _____

Date: _____



32nd General Synod

UNITED CHURCH OF CHRIST

General Media Release and Waiver of Liability

In consideration of my, or my minor child's, attendance at, and participation in, the 32nd General Synod of the United Church of Christ, I grant the National Setting of the United Church of Christ (the "Church"), and any person or entity acting under the Church's permission or with Church's authority, permission to photograph, film, videotape, or record (to make "Recordings") of me or my child while attending General Synod, and to use these Recordings, without compensation, for any lawful purpose.

I hereby release and hold harmless the Church and its officers, directors, employees, members, agents, and related organizations from any and all claims for damages, libel, slander, invasion of the right of privacy or any other claim of liability that may arise, directly or indirectly, now or in the future, in connection with such Recordings.

Please check the paragraph below which is applicable to your present situation:

_____ I am 18 years of age or older and I am competent to contract in my own name. I have read this authorization and release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below-named child. I have read this authorization and release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____	_____
Name of child (please print)	Date

Address (Street) (City) (State) (Zip code)	

Signature	

Name of parent or legal guardian (if under 18 years of age)	

Signature of parent or legal guardian (if under 18 years of age)	