



Community Unitarian Universalist Congregation at White Plains

Religious Education Registration and Participation Authorization

*Please include information about **all** children/youth and complete **both** sides of the form.

Child/Youth's First Name	Last Name	Pronouns (they, she, he, ze...)	Date of Birth	Age	Grade in School Sept 20____

My child has the following allergies, dietary restrictions, neurodiversity, medical conditions, or other needs of which CUUC should be aware: _____

Is there anything else we should know to best serve your family? The confidentiality of this information will be respected, but shared as necessary with teachers, advisors or activity leaders. Truly confidential matters should be discussed with the Director of Lifespan Religious Education and Faith Formation or Minister.

School District (we consult school calendars when scheduling RE activities to avoid conflicts) _____

Adult Name #1 _____	Adult Name #2 _____
Street Address _____	Street Address _____
City/State/ZIP _____	City/State/ZIP _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
E-mail Address _____	E-mail Address _____

By registering your child(ren)/youth for Religious Education, you are asking for a commitment from the congregation to provide a structured and meaningful learning community for them, and you are affirming your support of this learning. For the RE ministry to be successful, we invite parents/guardians into a reciprocal, collaborative partnership:

1. **Physically** -- occasionally volunteering your time in a role that will not consume your Sunday mornings, bringing your child(ren)/youth on a regular basis, remaining in the building when your children are attending RE (unless it is a drop off event), and communicating with teachers/advisors when they will be absent so they can adjust lesson plans or activities as needed.
2. **Spiritually** -- helping nurture the beloved community through constructive engagement of your child's teachers, youth advisors, the Director of Lifespan Religious Exploration and Faith Development and the Minister.
3. **Financially** -- through meaningful annual pledges, according to your means.

Check here to indicate your appreciation for this partnership.

In case of emergency and if unable to reach me, please contact:

Name _____ Relationship _____ Phone (_____) _____ - _____

Participation Authorization: I hereby give permission for my child to participate in the activities of Community Unitarian Universalist Congregation at White Plains ("CUUC"), of the Religious Education program and associated groups of the Unitarian Universalist Association, and other activities and events, both on and off the premises of CUUC, to attend and to travel by car/van, public transportation, other means to such events or other places. I understand that I will not be asked to give permission in each instance, and that this form shall remain in force from year to year unless I rescind it in writing to CUUC. Some of the trips that your child may go on include the following: Youth Group trips that may involve justice activities, religious learning or social outings, field trips in the Neighboring Faith curriculum to attend churches, temples, mosques, and other houses of worship, and a UU heritage field trip to the Boston area that is part of the Coming of Age curriculum.

Accidents can happen at any time. In consideration for CUUC permitting my child to participate, and on behalf of myself and my child, I hereby release, discharge, and indemnify CUUC (including CUUC and its members, directors, officers, organizers, employees, affiliated organizations, and any person associated or connected with it in any way) from any claim(s) I may have against CUUC and from any claim(s) my child may have for any injury or illness, or loss of personal property, arising out of my child's participation in the activities.

Recognizing the possibility that my child may need medical, dental, or other such attention while participating in this activity, and in consideration for CUUC permitting my child to participate in this activity, I grant CUUC permission to act as my surrogate to obtain medical, dental or other such treatment for my child (and to follow the instructions of such healthcare professionals). I also assume the full financial responsibility for any such medical or dental treatment for my child.

I have fully disclosed to CUUC all pertinent facts about my child and acknowledge full responsibility for any omission or misstatement regarding such matters.

We often take pictures during classes, youth group and congregational events. We may display these on the RE brochure, webpage, or other publications to convey the vibrancy of our RE ministry. We are committed to the safe and responsible use of images of minors. If you do not want images of your children used, speak with the DRE.

By signing below I state:

- *I will update CUUC in writing if anything stated herein changes,*
- *This participation, authorization, and release shall remain in effect from year to year unless I rescind it in writing to CUUC.*

Signature _____ Date _____

Please leave completed forms in Tracy Breneman's mailbox, located in the administrative office across from the sanctuary.