CHILDREN'S & YOUTH MINISTRIES ANNUAL ENROLLMENT/CONSENT FORM

OZAUKEE CONGREGATIONAL CHURCH • GRAFTON, WISCONSIN | VALID FROM DATE SIGNED THROUGH SEPTEMBER 30, 2020

STUDENT INFORMATION					
Student's Last Name:	First: _		Mic	ldle:	
Street Address:	Cit	y, State, Zip	:		
Student's Cell #:	Student's Email	Address:			
Date of Birth (mm/dd/yy):	Grade:	Schoo	ol:		
Health Insurance Carrier:	Gr	oup/Policy #	÷:		
Medications Being Taken:					
Allergies:					
STATEMENT OF STUDENT UNDERSTANDING					
By participating in the children's and/or youth ministry activities of Ozaukee Congregational Church, I hope to make friends and to be a friend, to learn a little more about God, and to have fun! I understand that if I fail to follow the directions given by the adult leaders — or if I fail to show basic respect and Christian concern toward my fellow group members, the adult leaders, or the church's property — my family may be called and I may be sent home at any time. I also realize that my attitude will largely determine the kind of experience I have, and therefore I'll do all that I can to help make all activities safe, fun, and meaningful for myself and for others.					
Student's signature:			Date: _		
PARENT INFORMATION					
Name(s) of Parent(s):					
Parental Home Phone:	Parental Wo	ork #(s):			
Parental Cell #(s):					
Parental Email Address(es):					
Emergency Contact Name & Phone:					
I will serve as an occasional second adult for (Circle all	that apply):	Nursery	Joyous Journey	MP3	Youth Events
I will serve as an occasional driver/chaperone for (Circle	e all that apply):	Child	ren's activities	You	ıth activities
STATEMENT OF PARENTAL UNDERSTANDING					
I hereby certify that I am aware of, approve of, and take children's and/or youth ministry activities of Ozaukee Con responsibility for any loss or injury to my child or others t release Ozaukee Congregational Church, and its employeliability for loss, damage, or injury to the person or prope children's and/or youth ministry activities. I understand the members and/or volunteers, and I consent to such arrange.	gregational Churc hat may occur as es, volunteers, an rty of my child wh nat some activities	h. Furtherme a result of n d other ager sich may be s may entail	ore, I assume all risk egligence or miscon nts, from any and all sustained during or a one-on-one contact	of and find duct by m responsib as a result	nancial y child, and I ility and legal of participation in
In an emergency, including illness, injury, or incapacity suffered by my child during the course of any children's and/or youth ministry activity, I hereby authorize any church staff member, teacher, mentor, advisor, or other volunteer leader or assistant 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.					
I grant permission to use photographs and/or video foota informational, or educational purposes related to Ozaukee the National Association of Congregational Christian Chur	Congregational (
Parent's Signature:			Date: _		

Parents: Please use the reverse side of this sheet for any other information you deem important for the activity leaders to know.