CHILDREN'S & YOUTH MINISTRIES ANNUAL ENROLLMENT/CONSENT FORM

OZAUKEE CONGREGATIONAL CHURCH • GRAFTON, WISCONSIN | VALID FROM DATE SIGNED THROUGH SEPTEMBER 30, 2021

	STUDENT INFORMA	ATION			
Student's Last Name:	First: _		Midd	dle:	
Street Address:	Cit	y, State, Zip:			
Student's Cell #:	Student's Email /	Address:			
Date of Birth (mm/dd/yy):	Grade:	School	:		
Health Insurance Carrier:	Gro	oup/Policy #:			
Medications Being Taken:					
Allergies:					
STA	ATEMENT OF STUDENT UN	IDERSTAND	ING		
By participating in the children's and/or youth a friend, to learn a little more about God, and to or if I fail to show basic respect and Christian on my family may be called and I may be sent how experience I have, and therefore I'll do all that	have fun! I understand that concern toward my fellow grome at any time. I also realize	if I fail to foll oup members that my attit	ow the directions given the adult leaders, conductions given the conductions and the conductions are detected in the conduction are detec	ven by the adult loor the church's properties of the church's properties.	eaders — operty —
Student's signature:			Date:		
	PARENT INFORMA	TION			
Name(s) of Parent(s):					
Parental Home Phone:	Parental Wo	rk #(s):			
Parental Cell #(s):					
Parental Email Address(es):					
Emergency Contact Name & Phone:					
I will serve as an occasional second adult for	(Check all that apply):	Nursery	Joyous Journey	MP3 You	uth Events
I will serve as an occasional driver/chaperone	for (Check all that apply):	Childre	en's activities	Youth activi	ties
STA	TEMENT OF PARENTAL UI	NDERSTAND	DING		
I hereby certify that I am aware of, approvarious children's and/or youth ministry activitic responsibility for any loss or injury to my child release Ozaukee Congregational Church, and it liability for loss, damage, or injury to the persochildren's and/or youth ministry activities. I unembers and/or volunteers, and I consent to a I acknowledge that participating in children's risks include, but are not limited to, potersponsibility in the event my above named cheological Church responsible. In an emergency, including illness, injury, ministry activity, I hereby authorize any church necessary X-ray examination, medical, dental, physician, dentist, surgeon, psychologist, or so rendered. I understand that I, or the applicable expect that attempts will be made to contact in I grant permission to use photographs and news, informational, or educational purposes in and/or the National Association of Congregation.	es of Ozaukee Congregationa or others that may occur as a cs employees, volunteers, and on or property of my child wh derstand that some activities such arrangements with rega n's and/or youth ministry act ential spread of infectious dis ild contracts such a disease, or incapacity suffered by my staff member or volunteer to surgical, or psychological dia- cial worker licensed to practi- te insurance carrier(s), will be the in the event of any such e d/or video footage of the abo- elated to Ozaukee Congregat	al Church. Fur a result of ne d other agent ich may be so may entail o rd to my abo ivities entails eases such a and will not in child during to act as agen gnosis, treatr ce under the financially re mergency. ve named ch	thermore, I assume gligence or miscond s, from any and all rustained during or an e-on-one contact ave named child. a variety of risks in scOVID-19/coronave any way or to any che course of any chat for me in consentiment, and/or care, a laws of the state in sponsible for any suited.	all risk of and finuct by my child, a responsibility and is a result of particular and travel with chunerent in any grouvirus. I agree to a degree hold Ozau ildren's and/or yong to any reasonadvised and superwhich the service inchemergency sei materials designatives and superword a	nancial and I legal cipation in urch staff up activity. ssume full ukee outh ably vised by a ss are rvices. I ated for
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.]