Ozaukee Congregational Church • Grafton, WI

Child Information	Child #1	Child #2	Child #3
Last Name			
First Name			
Middle Name or Initial			
Date of Birth			
School & Grade			
Cell Phone #			
Email Address			
Allergies			
Medications			
Name(s) of Parent(s)			
Street Address			
City, State, Zip			
Cell Phone #(s)			
Email Address(es)			
Health Insurance Info.			
Emergency Contact(s)			

I hereby certify that I am aware of, approve of, and take full responsibility for the participation of my above named child(ren) in the various children's and/or youth ministry activities of Ozaukee Congregational Church. Furthermore, I assume all risk of and financial responsibility for any loss or injury to my child(ren) or others that may occur as a result of negligence or misconduct by my child(ren), and I release Ozaukee Congregational Church, and its employees, volunteers, and other agents, from any and all responsibility and legal liability for loss, damage, or injury to the person(s) and/or property of my child(ren) which may be sustained during or as a result of participation in children's and/or youth ministry activities. I understand that some activities may entail one-on-one contact and travel with church staff members and/or volunteers, and I consent to such arrangements with regard to my above named child(ren).

In an emergency, including illness, injury, or incapacity suffered by my child(ren) during the course of any children's and/or youth ministry activity, I hereby authorize any church staff member or volunteer leader 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 grant permission to use photographs and/or video footage of my child(ren) in print or online materials designated for news, informational, or educational purposes related to Ozaukee Congregational Church, the Wisconsin Congregational Association, and/or the National Association of Congregational Churches.

Signature(s) of Parent(s)/Guardian(s):	Date:	