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URBAN CHRISTIAN MINISTRIES REGISTRATION & PERMISSION TO PARTICIPATE FORM

KIDS CLUB

CHILD'S FULL NAME: _____ NICK NAME _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH _____ AGE _____ M _____ F _____ CHILD'S CELL# _____

PARENT/GUARDIAN NAME _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

HOME# _____ WORK# _____ CELL# _____

EMERGENCY CONTACT _____ PHONE _____

NAME AND AGES OF SIBLINGS

CHILD'S SCHOOL & ADDRESS _____

TEACHER'S NAME _____ GRADE _____

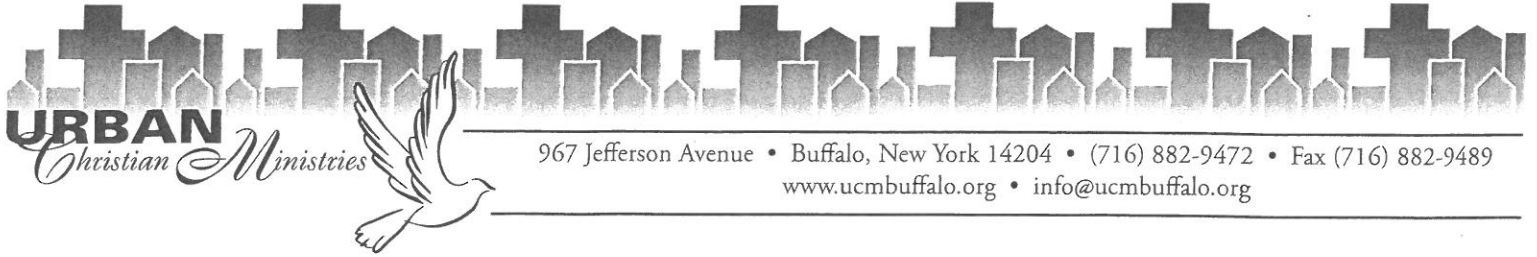
CHURCH CHILD ATTENDS _____

CHILD'S INTEREST & HOBBIES _____

IS CHILD ENTERING THROUGH ANOTHER PROGRAM_____, IF YES, WHAT PROGRAM _____

I, THE LEGAL PARENT/GUARDIAN OF _____ GIVE PERMISSION
FOR HIM/HER TO PARTICIPATE IN THIS PROGRAM AT URBAN CHRISTIAN MINISTRIES.

PARENT/GUARDIAN SIGNATURE & DATE PARENT/GUARDIAN SIGNATURE & DATE



EMERGENCY RELEASE & MEDICAL CONSENT (PLEASE PRINT CLEARLY)

IN THE EVENT OF AN EMERGENCY, I _____ GIVE URBAN
(PARENT/GUARDIAN NAME)

CHRISTIAN MINISTRIES PERMISSION TO SEEK AND/OR ADMINISTER NECESSARY
MEDICAL ATTENTION & TREATMENT FOR _____
(CHILD'S NAME)

PLEASE STATE ANY MEDICAL PROBLEM/CONDITIONS YOUR CHILD MAY HAVE

DOES YOUR CHILD HAVE ANY ALLERGIES? _____ IF YES, PLEASE LIST

DOES YOUR CHILD HAVE ANY HISTORY OF THE FOLLOWING? IF YES, GIVE MONTH &
YEAR.

MEASLES _____ MUMPS _____ CHICKEN POX _____

HIV/AIDS _____ EPILEPSY _____ DIABETES _____

ASTHMA _____ HIGH BLOOD PRESSURE _____

FOOD OR MEDICATION ALLERGIES (PLEASE LIST) _____

PLEASE LIST CURRENT MEDICATIONS & DOSAGE: _____

EMERGENCY CONTACT & NUMBER _____

RELATIONSHIP TO CHILD _____

PARENT/GUARDIAN SIGNATURE & DATE

PARENT/GUARDIAN SIGNATURE & DATE

**LIABILITY RELEASE FORM
(PLEASE PRINT CLEARLY)**

I/WE HEREBY RELEASE URBAN CHRISTIAN MINISTRIES, ITS' AGENTS AND VOLUNTEER WORKERS FROM ALL DAMAGES, INJURIES, CLAIMS, DEMANDS OR CAUSES OF ACTION I OR ANY FAMILY MEMBER, MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNEES MAY ENCOUNTER DURING THE COURSE OF MY INVOLVEMENT WITH THE ORGANIZATION OF URBAN CHRISTIAN MINISTRIES.

(CHILD'S SIGNATURE)

(PARENT/GUARDIAN SIGNATURE)

(PRINT CHILD'S FULL NAME)

(PRINT PARENT/GUARDIAN FULL NAME)

(DATE)

(RELATIONSHIP TO CHILD)

(DATE)

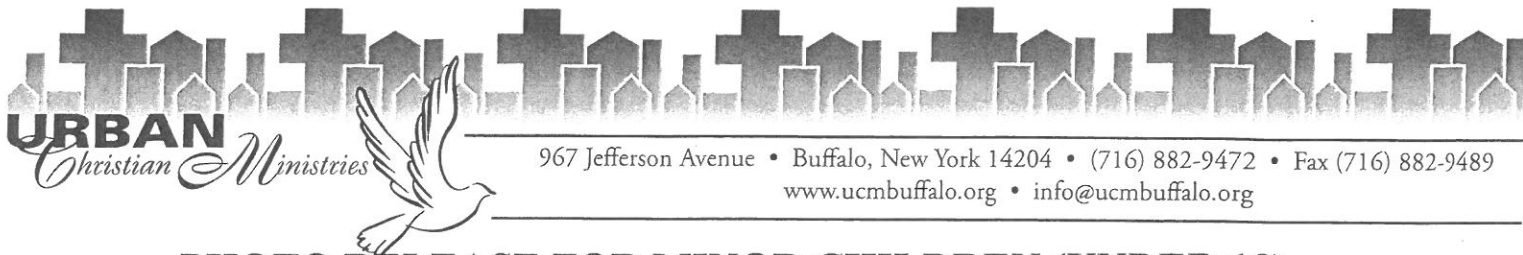


PHOTO RELEASE FOR MINOR CHILDREN (UNDER 18)

I, (print name) _____, parent or guardian of (child's name) _____ hereby ☐ CONSENT OR DECLINE ☐ permission for Urban Christian Ministries representatives, to take and use: photographs and/or digital images of my child for use in news releases, videos, and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me and / or my child. All negatives and prints digital reproductions shall be the property of Urban Christian Ministries.

Parent or Guardian Signature)

Date

Child Pickup Authorization Form

Childs Name: _____

Main Pick up Person : _____

Address: _____

Relationship: _____

Phone: _____

Additional People who may pick up child/children on a less frequent basis:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

Any person(s) NOT Authorized to pick up child/Children:

Note: Any person unfamiliar to me will be required to show proof of identification. Under no circumstances will the child be released to anyone other than those listed about without either WRITTEN permission or a PHONE CALL from the parent/guardian.

Parent/Guardian signature: _____ Date: _____