



7th – 12th Grade 2014 – 2015 Religious Exploration (RE)

Registration Form Unitarian Universalist Fellowship of Corvallis (UUFC)

Regular attendance makes a real difference in your youth's Religious Exploration experience. It helps your youth establish friendships in the classroom, and provides a sense of continuity for youth and teachers.

Registration Date: _____

	Parent/Guardian Registering Youth	Other Parent/Guardian #1	Other Parent/Guardian #2
Name			
Address—Street			
City, State, Zip			
Home Phone			
Other Phone			
Email			
Attends UUFC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

All information is confidential and will not be shared with other organizations.

*Please see back for more information and to opt in or out of our UUFC listserv, newsletter delivery, and inclusion in our directory.

Youth's Names	Date of Birth	Age by 09/01/14	Grade—Circle One (If in school)	Special needs (allergies/diet restrictions/etc.)
			7th 8th 9th 10th 11th 12th	
			7th 8th 9th 10th 11th 12th	
			7th 8th 9th 10th 11th 12th	
			7th 8th 9th 10th 11th 12th	
			7th 8th 9th 10th 11th 12th	

Liability Release

I, _____ the undersigned parent/legal guardian of the above listed youth/youths, do hereby grant permission for my son(s)/daughter(s) to participate in UU FC Religious Exploration programs.

I agree to hold harmless and blameless the Unitarian Universalist Fellowship of Corvallis, its employees, and volunteer leaders from any and all liability from damages, loss, or injuries, either to person or property, which my youth may sustain while engaged in any UUFC sponsored activity.

Should any injury occur, I hereby give permission for my youth to receive treatment (including emergency transportation) from an appropriate health care provider to be selected by the supervising adult when the need for such treatment is deemed immediate and when efforts to contact me (us) are unsuccessful. I agree to pay for all medical, hospital, transport, or other expenses that my youth may incur as a result of such treatment. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries, which may be caused or contributed to by my son/daughter to the person or property of others.

Field Trip Permission

Field trips are a valuable and fun part of the curriculum. Sometimes Religious Exploration sessions might go on a brief field trip during their regular sessions (a nature walk around the neighborhood, a service project, etc.). Field Trips that take the youth to another location or include travel by vehicle will require an additional permission slip for each event.

My youth/youths name(s) _____ may participate in field trips that occur during Religious Exploration Sunday times.

(Parent/Guardian signature) _____ (date) _____ over



Our Religious Education program is a cooperative effort based on volunteer commitments.

Parents and other UUFC adults share their time, talents and skills with each other and with the youth.

Please select a way in which you will contribute in these Volunteer Opportunities:

who to call	←Be sure to indicate which parent or guardian we should contact.
Sunday Mornings:	
	A. Teacher/Youth Advisor: work on team/teaching two times per month) Grade Preference _____
	B. Substitute teach: What age children would you prefer to work with? _____
	C. Children’s Worship or Time for All Ages (help plan and lead)
	D. Music for Children’s Worship or Holiday Program
Help with program development:	
	E. Join the Lifespan RE Council and help with Lifespan RE Program development.
	F. Join the children or youth RE steering committee, and help plan programs for children or youth.
	G. Coming of Age (help plan or facilitate)
Behind the scene program support:	
	H. Help organize & maintain the RE supplies. (monthly)
	I. Provide childcare for UUFC events
	J. Help with: <i>art projects/sewing/cooking/music/theater/dance</i> other?? _____ (please circle all that apply)
Special Events:	
	K. RE Parties/Family Socials (help plan and host)
	L. Support (teacher appreciation/lunches/etc.)
	M. Social Service Projects (help plan and host)
Photo Publicity Opt Out	
Occasionally UUFC may use photos of the youth in publicity, either on the web or in print. If you do not want photo images of your youth/youths to be used in this manner please check this box. <input type="checkbox"/> Do not use images of my youth for publicity.	

2014-2015 Youth Electronic Communication Authorization—Parent/Guardian Authorization
I authorize the Directors of Religious Exploration and Youth Advisors to contact my youth/youths electronically about activities connected with the Unitarian Universalist Fellowship of Corvallis.

Youth's Name(s)

Youth's Email Address(es)

(Parent/Guardian signature) _____ (date) _____

By providing your personal contact information, you are eligible to be added to our newsletter mailing list, our About UUFC email list, and published UUFC directories.

Please indicate your preferences below by checking the appropriate boxes. Thank You!

Include me on the “About UUFC” email list: Yes No

Mail me a separate paper copy of the UUFC Newsletter: Yes No

Add me to UUFC Directories: Yes No

The UUFC may use photos or videos of me on the website or in other promotional materials:

Yes No O.K. if you are identified by name? Yes No

Exceptions or conditions to any of the above: _____