

2010-11 Registration Form for the Religious Exploration Program  
Unitarian Church of Los Alamos

Welcome to the religious exploration (RE) program! We hope you'll join the RE committee and Director of RE to ensure safe, effective and timely planning by completing this form each May or if you're a newcomer as soon as possible. **Registration is required for all children/teens in nursery through high school.** Please note that for preschool-8<sup>th</sup> grades, RE classes are held between 10-11 a.m. 9th-12<sup>th</sup> grades meet from 11-noon.

Thanks!

Child's Name	DOB	Gender	Grade fall '10	School
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**Parent/guardian names**

\_\_\_\_\_  
 \_\_\_\_\_ email \_\_\_\_\_  
 \_\_\_\_\_ email \_\_\_\_\_

**Primary address** \_\_\_\_\_

**Other address** \_\_\_\_\_

**Please list all phone #s where we can contact you in case of emergency**

**Who may pick up your child from nursery/ classes?** *Parents or others you designate must pick up children in grades three and below. Older siblings may pick up younger children with parent's permission.*

Name	Relationship to child
_____	_____
_____	_____

**Does your child have any special needs and/or health concerns?** If so, please indicate which child if you have registered more than one child on this form. How would you like to inform these concerns to the RE staff/volunteers?

- Please call me at the following number \_\_\_\_\_
- Please read below about my child's special needs/concerns

**The RE program is a cooperative one between the RE committee, DRE, parents and other congregational members. Please indicate how we can count on you for this special ministry.**

- I can teach/advise in Sunday a.m.RE. I prefer \_\_\_\_\_ grade level. I can volunteer fall '10 \_\_\_\_\_ or \_\_\_\_\_ spring 2011
- I can serve on the nursery team.
- I can serve on the RE committee or Youth Adult Committee.
- I can help out with special events such as parties, field trips, summer camp, etc.
- I can help on non-RE Sundays (3 day weekends)**
- I can substitute for the DRE
- I can help with odd jobs such as supply closet organization, room ambience, RE library organization, etc.

\*\*\*\*\*Please continue reading on back side.\*\*\*\*\*

Liability release and emergency care authorization

**MEDICAL EMERGENCY PARENTAL PERMISSION**

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the RE (religious exploration) staff or volunteers of the Unitarian Church of Los Alamos (UCLA) to provide, in my absence, routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the RE staff or volunteer to secure and administer treatment for my child, including hospitalization. \_\_\_\_\_initial \_\_\_\_\_date

**PUBLICITY/IMAGE/VOICE PERMISSION**

The RE staff or volunteers may wish to take photographs, video, and/or tape recording of children/youth events. During activities, a photograph or video/audio recording may be taken of you or your child. ***Unless you request otherwise, your initial below will be considered permission*** for them to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to using you or your child’s image or voice in this manner, please notify Benette Sherman, director of religious education. \_\_\_\_\_initial \_\_\_\_\_date

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)**

I give permission for \_\_\_\_\_ to participate in the UCLA religious exploration program activities or events. I understand that these activities/events may involve certain risks of physical activity and possible injury and that the RE staff and volunteers will provide each participant with reasonable care, but that we cannot guarantee that my child will remain free of injury. In addition, some activities/ events including but not limited to: winter sports, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the RE program events and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the UCLA, the Board of Directors and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child’s participation in the RE programs.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

We look forward to establishing lasting friendships with your children and you, and to providing the most excellent religious exploration program possible.

From *Singing the Journey*  
Building Bridges between our divisions  
If I reach out to you, will you reach out to me?  
With all of our voices, and all of our visions  
Friends, we can make such sweet harmony