

DENISON AVE. UCC YOUTH PROGRAM
Denison and 99th (9900 Denison Ave), phone: 216 631-0904

REGISTRATION, PERMISSION, AND RELEASE

CHILD'S NAME: _____ CHILD'S DATE OF BIRTH _____

CHILD'S ADDRESS, PHONE: _____

PARENT'S NAME: _____ PARENT'S PHONE _____

PARENT'S ADDRESS: _____

EMERGENCY NAME: _____ PHONE _____

Preferred hospital: _____

I give my permission for my child to participate in Denison Avenue UCC's program(s). I accept responsibility for my child's compliance with the church's safety and security rules and understand that his or her participation in this program may be terminated if his or her behavior is deemed to be disruptive or to cause a safety or security problem for the other children.

I acknowledge that my child has no physical limitations, or disabilities of any kind, which would restrict him/her from participating. Any special accommodations needed are noted here (attach additional sheets if necessary):

In consideration for being allowed to participate in any way in a youth program or camp sponsored by Denison Avenue United Church of Christ, I acknowledge and understand that my child will be engaging in activities that involve risk of serious injury, including disability and death, and severe social and economic losses. These consequences might result not only from his/her own action, inaction or negligence, both the actions, inaction or negligence of others during the course of the activities referred to above. Further, I acknowledge and fully understand that there may be other risks not known or reasonably foreseeable at this time; assume all of the foregoing risk and accepts personal responsibility for any damages following such an injury, permanent disability, and death or property damage; agree to release, waive and discharge any liability by Denison Avenue United Church of Christ, its staff, associates, volunteers, their respective heirs, legal representatives, successors, and assigns for any causes of action, claims, demands, damages or expenses on account of or in any way growing out of any and all personal injuries, permanent disability, death, and/or property damage resulting or to result from any activities related to the above-described camp or program; and state that I have carefully read the foregoing release, understands its implications, and signs it as my own free act.

I agree that if I cannot be reached in case of emergency, my child will be taken to and treated at the nearest hospital or my preferred hospital, according to the program leader's best judgment.

_____ May we photograph for publication? Yes _____ No _____
parent's signature date

I further give permission for my child to participate in field trips within Cuyahoga and adjoining counties.

parent's signature date