



Mt. Sinai Congregational, United Church of Christ  
233 North Country Road, Mt. Sinai NY 11766  
Youth Group Summer 2017

Please initial events your youth(s) are planning to attend. If you change your mind either way just let us know at 631-473-1582.

- \_\_\_\_\_ July 12<sup>th</sup>      Volunteering at the Open Door Exchange (9:00 am) should be finished by 1 pm more details on pick up time.
- \_\_\_\_\_ July 19<sup>th</sup>      Beautifying the Church (3 pm – 7 pm)
- \_\_\_\_\_ July 26<sup>th</sup>      Pool Party at George Moravek’s House (4 pm – 7 pm)
- \_\_\_\_\_ August 12<sup>th</sup>      Car Wash at Mt. Sinai Church (9 am – 12 pm)
- \_\_\_\_\_ TBD              Visit to Glen Cove Holocaust Museum

Please fill out all information requested below:

Registration/Emergency Medical Information

**Participant(s) Information:**

Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ email address: \_\_\_\_\_

Please list any medical conditions, injuries, or allergies:

\_\_\_\_\_

**Participant(s) Information:**

Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ email address: \_\_\_\_\_

Please list any medical conditions, injuries, or allergies:

\_\_\_\_\_

**Participant(s) Information:**

Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ email address: \_\_\_\_\_

Please list any medical conditions, injuries, or allergies:

\_\_\_\_\_

**In Case of Emergency Contact:**

Name: \_\_\_\_\_ Evening Phone: (Relationship)\_\_\_\_\_

Cell: \_\_\_\_\_

\* Can we contact you if we need drivers for off site events? Yes or No How many can you transport? \_\_\_\_

**Medical Release:** In the event of an emergency, I authorize the administration of any first aid, transport, examination, diagnosis, and/or treatment that is deemed necessary by Mt. Sinai Congregational, UCC Church or any paramedic, nurse, physician, or dentist.

Participant’s Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

(REQUIRED if participant is under 18 OR is covered by parent’s insurance)

**DISCLOSURE AND ACKNOWLEDGEMENT OF RISK**

- The program activities are designed to be within the capability of anyone who is in reasonably good health.
- The undersigned covenants that he or she will not sue Mt. Sinai Congregational, UCC Church or otherwise pursue any claims for any risks or injuries identified in this document or otherwise arising out of the programs. The undersigned agrees to indemnify Mt. Sinai Congregational, UCC Church, provide a defense, against any and all claims for any risks or injury arising out of, or in connection with, the programs.

**Media Consent:** I give my consent and permission for the taking of photographs and/or video of my child during the described programming and I waive and/or assign all rights (including copyright) in such media to Mt. Sinai Congregational, UCC. Mt. Sinai Congregational, UCC, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Participant’s Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_