



Family Registration 2021-2022

Parent or Guardian		Primary Residence of Child(ren)? YES	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Cell		Cell	
Email		Email	
Preferred Method of Communication: <input type="checkbox"/> Text <input type="checkbox"/> Email			

Parent or Guardian		Primary Residence of Child(ren)? NO	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Cell		Cell	
Email		Email	
Preferred Method of Communication: <input type="checkbox"/> Text <input type="checkbox"/> Email			

List Persons NOT permitted to pick up: (A copy of the Court Order is required to be on file with DRE to enforce.)			
Name:		Relation:	
Name:		Relation:	

Child #1	First Name:		Last Name:	
Preferred Name:				
Birth Date:		Grade as of Sept. 2021:		
Special Needs: Health/Diet *		Anything we need to know?*		
*Or schedule a private appointment with the DRE to discuss? <input type="checkbox"/> Yes				

Child #2	First Name:		Last Name:	
Preferred Name:				
Birth Date:		Grade as of Sept. 2021:		
Special Needs: Health/Diet *		Anything we need to know?*		
*Or schedule a private appointment with the DRE to discuss? <input type="checkbox"/> Yes				

Child #3	First Name:		Last Name:	
Preferred Name:				
Birth Date:		Grade as of Sept. 2021:		
Special Needs: Health/Diet *		Anything we need to know?*		
*Or schedule a private appointment with the DRE to discuss? <input type="checkbox"/> YES				

May we have permission to use photographs/videos of your child(ren) for the purpose of public relations and general publicity for BRUU? Children will NOT be identified by name. YES NO

By signing this form, I understand that there are risks associated by voluntary participation. I agree to hold harmless Bull Run Unitarian Universalists, its staff, volunteers, and representatives from outcomes that may result by participation.

If medical attention is needed during participation, I consent to BRUU's representatives to provide care and make decisions in my absence. I agree to be financially responsible for any costs related to that treatment.

X _____ Date: _____

X _____ Date: _____