



BULL RUN

UNITARIAN UNIVERSALISTS

Family Registration 2017-2018

We welcome all children and youth to BRUU's Religious Education Program and Youth Group

Parent or Guardian		<input type="radio"/> Primary Residence Of child(ren)	
Name		Name	
Address		Address	
Please circle preferred method to receive communications: text email			
Phone Home		Phone Home	
Phone Cell		Phone Cell	
Email		Email	

Parent or Guardian		<input type="radio"/> Primary Residence Of child(ren)	
Name		Name	
Address		Address	
Please circle preferred method to receive communications: text email			
Phone Home		Phone Home	
Phone Cell		Phone Cell	
Email		Email	

Persons NOT permitted to pick up: A Copy of Court Order is required to be on file with DRE to enforce.

Name:

Relationship:

Child's First Name	Last Name	Likes to be called
Birth Date	Grade as of Sept. 2017	
Special Needs Health/Diet	Special Needs Education	Any information we need to know? Or schedule a private appointment to discuss? Yes

Child's First Name	Last Name	Likes to be called
Birth Date	Grade as of Sept. 2017	
Special Needs Health/Diet	Special Needs Education	Any information we need to know? Or schedule a private appointment to discuss? Yes

Child's First Name	Last Name	Likes to be called
Birth Date	Grade as of Sept. 2017	
Special Needs Health/Diet	Special Needs Education	Any information we need to know? Or schedule a private appointment to discuss? Yes

May we have permission to use photographs/videos of your children for the purpose of public relations & general publicity of BRUU? Children will NOT be identified by name. Circle: 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, it's 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 that care, and make decisions in my absence. I agree to be financially responsible for any costs related to that treatment.

X _____ Date:

X _____ Date: