

PLEASE NOTE THAT THIS FORM IS TWO SIDED AND BOTH SIDES MUST BE COMPLETED  
**REGISTRATION INFORMATION AND MEDICAL RELEASE FORM**

Valid 09/2024 through 09/2025 for the church-related activities of  
**Congregational Church of Birmingham, United Church of Christ**

1000 Cranbrook Rd.  
Bloomfield Hills, MI 49304

Phone: 734.646.4511 Website: www.ccbucc.org

BASIC INFORMATION: Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Last) (First) (Mid. Initial) (mm/dd/yyyy)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Home)

Grade entering in September 2024: \_\_\_\_ T-shirt size: Child \_\_\_\_ Youth \_\_\_\_ or Adult \_\_\_\_

Allergies: Medications: \_\_\_\_\_ Food: \_\_\_\_\_

Other: \_\_\_\_\_ Peanut Allergy? Y/N (if yes - can student self administer EPI pen?  
\_\_\_\_ )

Health Problems or Concerns: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Holder's ID #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PHOTO RELEASE FOR STUDENTS & ADULTS: I agree that video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the student/adult during the activities may be used, distributed, or shown as the church sees fit. \_\_\_\_\_ (initial to signify agreement)

MINOR RELEASE: (for minors only)

I give permission for my child \_\_\_\_\_ to participate in the programs sponsored by the Congregational Church of Birmingham. This permission slip is valid for all activities held in association with Congregational Church of Birmingham's Christian Education Program and other church related activities. \_\_\_\_\_ (initial to signify agreement)

I authorize my child to be transported to and from events in association with Congregational Church of Birmingham, understanding that there may be only one adult in the vehicle and this adult will be at least 21 years of age. Specific information regarding church related activities will be distributed to the child or parents and is available from the Director of Christian Education. Special events may require additional permission forms. \_\_\_\_\_ (initial to signify agreement)

In the event of an emergency situation in which medical treatment is required for my child as a result of participation with Congregational Church of Birmingham's church related programming, every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. \_\_\_\_\_ (initial to signify agreement)

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery (under recommendation of qualified medical personnel). \_\_\_\_\_ (initial to signify agreement)

I accept responsibility for any medical expenses for my child that are not covered by my medical insurance. I will provide an updated Medical Release Form to the Director of Christian Education of Congregational Church of Birmingham if and when any of the information provided on this form changes. \_\_\_\_\_ (initial to signify agreement)

\_\_\_\_\_  
Signature of Parent or Guardian of minor participant Relationship

\_\_\_\_\_  
Date

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NAME OF CHILD/ADULT: \_\_\_\_\_

ADULT RELEASE: (for those over 18 only)

I (name) \_\_\_\_\_ am voluntarily participating in the programs sponsored by Congregational Church of Birmingham. This permission slip is valid for all activities held in association with Congregational Church of Birmingham's Christian Education Program and other church related activities. In the event of an emergency situation in which medical treatment is required as a result of participation with Congregational Church of Birmingham's church related programming, every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. \_\_\_\_\_ (initial to signify agreement)

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery (under recommendation of qualified medical personnel). \_\_\_\_\_ (initial to signify agreement)

I accept responsibility for any medical expenses that are not covered by my medical insurance. I will provide an updated Medical Release Form to the Director of Christian Education of Congregational Church of Birmingham if and when any of the information provided on this form changes. \_\_\_\_\_ (initial to signify agreement)

\_\_\_\_\_ Signature  
of participant Date

EMERGENCY CONTACTS:

In the event of an emergency, contact:

1. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Parent or Legal Guardian)

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email  
address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street)  
(City) (State) (Zip Code)

2. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ (Parent,  
Spouse or Legal Guardian)

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email  
address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street)  
(City) (State) (Zip Code)

SECONDARY EMERGENCY CONTACT:

In the case that the contacts listed above cannot be reached, please call:

3. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Parent, Legal Guardian, Relative or Responsible Person)

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

*Please be aware that Congregational Church of Birmingham holds all records and forms in the utmost confidentiality for the purpose of protecting all people who participate in activities associated with the church's ministry. If you have any questions at any time about our privacy policy, our safety policy, church related programs, or the Christian Education Program, please contact the church office.*