

Congregational Church in South Glastonbury
949 Main Street; PO Box 187
South Glastonbury, CT 06073

MY(Middle Youth) Group 2017-2018

Student's Name: _____

Nickname or preferred name: _____

School Attending: _____ Grade: _____

Student Residence Address: _____

Student email address: _____

Parent's First and Last Name(s): _____

Parent Email(s): _____

Home Phone _____ Cell Phone(s) _____

Allergies/Special Needs: _____

Emergency contact name: _____ # _____

****Please fill out the reverse side of this form completely- A New Form is needed each year! Return to Director of Discipleship Education, Tracy Fouke Bausum or bring to MY Group**

The Congregational Church in South Glastonbury-Student Release Section

I (We) _____ (print names)

give permission to my son/daughter _____

to participate in South Church youth activities affiliated with the MY Group program.

I also release from any liability the Congregational Church in South Glastonbury, the ministerial staff and all adult leaders in the event of unforeseen/unpreventable accidents or mishaps during regular onsite activities. Further, I understand that my son/daughter will need to have a signed permission form for all off site / special activities as they occur.

Signature of Custodial Parent (s)-

_____ date _____

_____ date _____

In addition—I hereby give permission to the Congregational Church in South Glastonbury to use any photographs taken of my student during church sponsored activities to share the good news of the mission and ministry of the church by means of bulletin boards, posters, newspaper release, web-site, power point presentations and other appropriate media.

Please initial: _____ yes _____ no