

**Congregational Church in South Glastonbury**

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

**MY(Middle Youth) Group 2016-2017**

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 Bausum or bring to MY Group on September 25, 2016**

**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