



South Church

A Unitarian Universalist Congregation — Affirming the Worth and Dignity of All People

292 State Street Portsmouth, New Hampshire 03801

Telephone: (603) 436-4762

info@southchurch-uu.org <http://www.southchurch-uu.org>

Sparks(5th-6th) and Purple Flames (7th-8th) Social group Registration & Year-Long Permission

Instructions:

Complete this form and include a check made payable to South Church for \$50.00. This amount helps to offset the expenses associated with activities we plan throughout the year. Financial assistance is available should you need it—please give what you can. If you prefer to pay per event you may do that as well. Parents are asked to contribute to our snacks on some nights. We will send you an online sign-up sheet when this occurs.

Information:

Name and grade of child: _____

Parent: _____ Phone _____

Address: _____

Email: _____

Can we share your email with the facilitators? ____ Yes ____ No

(This will only be used by the DRE and the Program facilitators.)

Is your child registered for RE? ____ Yes ____ No

Guests:

Guests are welcomed! However, they must bring two things with them: (1) Signed permission form; (2) money to cover the per-person cost of the event (typically \$10).

Permission forms are available on the South Church web site.

This program often meets off site and we sometimes need extra chaperones. As a cooperative program, we rely on parents to help out with these events and other RE programs.



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Social Group Year-Long Permission Form:

My child, _____, has my permission to attend First Friday events with the South Church social groups. I understand that some of these trips will involve gentle sports, and may include snacks. I understand that I will be responsible for transporting my child to and from these events and that my child will be accompanied at all times by two, or more, safe-congregation-screened adults from the South Church community.

In the event of any emergency, I authorize representatives of South Church to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of my child, and authorize them to obtain emergency medical services for my child, if necessary, at my expense.

Parent Signature _____ Date _____

Home Phone # _____ Cell Phone # _____

Health care provider name _____

Health insurance number for your child _____

Primary Care Physician _____

Preferred Hospital _____

If I cannot be reached in the event of an emergency, please contact:

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____

Does your child have any food allergies or medical concerns? _____
