

FUTURE After School Program REGISTRATION/CONSENT 2021-22 (7th and Up)

UNITY CENTER

685 Benton Pike NE, Cleveland, TN 37311

478-1661

PLEASE PRINT CLEARLY

YOUTH NAME _____ M _____ F _____
LAST FIRST MIDDLE
BIRTHDATE _____ AGE _____ YOUTH PHOTO MAY BE USED for PROMO PURPOSES (circle one) YES NO
GRADE entering (Fall 2021) _____ SCHOOL _____ HOMEROOM TEACHER _____
YOUTH CELL PHONE _____ ACCEPT TEXTS? YES NO YOUTH EMAIL _____
FACEBOOK? YES NO FACEBOOK NAME _____ INSTAGRAM? YES NO INSTAGRAM NAME _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
PARENT/GUARDIAN NAME _____ PHONE: _____
CELL HOME
PARENT/GUARDIAN NAME _____ PHONE: _____
CELL HOME
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, OTHER THAN PARENTS:
NAME _____ RELATIONSHIP _____
ADDRESS _____
EMERGENCY CONTACT PHONE: CELL _____ HOME _____ WORK _____
NAMES **AND** PHONE NUMBERS OF PERSONS *OTHER THAN PARENTS* TO WHOM THE CHILD MAY BE RELEASED:
1. _____ 2. _____
Name Phone Number Name Phone Number
ALLERGIES/SPECIAL MEDICAL CONDITIONS/MEDICATIONS BEING TAKEN _____

HEALTH INSURANCE COMPANY _____ POLICY HOLDER _____
SUBSCRIBER NUMBER _____ GROUP # _____
PHYSICIAN _____ PHONE _____

- I give my permission for my (our) child to ride the Unity Center/Broad Street UMC buses which are driven by appropriately licensed drivers – in the event that I utilize transportation from school to Unity/ from Unity to home.
- In the event of an illness or an accident which requires immediate medical treatment at a time when a parent/guardian cannot be reached, I give my permission to David and Mary Ketchersid, Unity Center Directors, or other personnel designated by the Directors to authorize necessary treatment. I will not hold Unity Center of Broad Street United Methodist Church, its employees, or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents/guardians, the child's physician, and other persons listed for emergency contact.

Parent/Guardian Signature _____ DATE _____

PLEASE COMPLETE THE OTHER SIDE

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