

**Salem Covenant Church
215 Mountain Street East
Worcester MA 01606
(508) 853-4071**

**PARENTAL CONSENT & RELEASE
September 1, 2009 - August 31, 2010**

I give permission for my son/daughter to participate in youth programs associated with Salem Covenant Church for the above dates. I give permission for photos of my child to be used in print or on the church website (including Facebook and Myspace) for promotional purposes.

I understand and agree that Salem Covenant Church and its agents, volunteers, and employees will take reasonable precautions to provide a safe and healthy environment for my child(ren).

I am solely responsible for all medical costs associated with any accident or injury involving my child(ren) during weekly youth programs or other church related activity.

I will provide information to Salem Covenant Church of my whereabouts. In the event that I am unable to be contacted, I hereby authorize a pastor of the church or a pastor's designee to consent to emergency medical treatment in the event that my child(ren) is(are) injured or ill. Neither Salem Covenant Church nor any of its agents, volunteers, or employees will be held liable on account of my child(ren).

Parents' or Guardians' Signatures _____

Date: _____

REGISTRATION FORM	
Child's Name _____	B-Date _____
Address _____	
City _____	State _____ Zip _____
Grade _____	Child's Email _____ Screen name _____
Known Allergies of Child _____	
Parent or Guardians' Names _____	
Home Phone _____	Work Phone _____
In an emergency, contact _____	
Emergency Phone _____	
Parent's Email _____	Screen name _____