

**LOGOS Program Registration 2018
January 10-March 14**

Children/Youth Enrolling in LOGOS

Name: _____ Grade: _____ Age: _____ Birthday: _____

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Indicate any food allergies, health problems, allergies, special needs or restrictions below:

Parent/Guardian Names: _____

Home Phone: _____ Address: _____

Email address: _____ Cell Phone: _____

Email address: _____ Cell Phone: _____

If parents are not available:

Emergency Contact _____ Phone: _____

Relationship to child/youth: _____

Medical Release

Authorization for Treatment of a Minor:

My youth/child, named above, has my permission to participate in events sponsored by the LOGOS Program meeting at St. Philip's United Church of Christ in St. Louis. In the event of illness or accident, if the parent, guardian or emergency contact cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment or hospital care for my child which is deemed advisable by and is rendered under the supervision of a physician. I release the

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church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Photo Release

I hereby consent that the photographs, digital images, film and/or videotape taken of my youth/child, named above, during participation in the LOGOS Program may be reproduced and used by St. Philip's United Church of Christ in St. Louis and GenOn Ministries in telling the LOGOS story.

Signature of Parent/Guardian: _____

Date: _____

Registration Fees: The LOGOS fees will be waived for our second session.

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