



am2pm

PARTICIPANT REGISTRATION FORM

Participant Name (First and Last): _____

Gender: _____ **Date of Birth:** _____ **Grade:** _____ **T-Shirt Size:** S M L XL

School: _____

Home Address: _____

City: _____ **State:** _____ **Postal/Zip Code:** _____

Participant Email: _____ **Participant Cell Phone:** _____

Please list ADA Accommodations needed: _____

Parent/Guardian's Name: _____

Parent/Guardian's Day Phone: _____ **Cell Phone:** _____

Personss Authorized to pick up child (Please provide a copy of their ID):

Other Dismissal Arrangements: _____

Emergency Contact: _____

Relationship to Child: _____ **Phone:** _____

Specify any of your child's health concerns: _____

Is your child on any medication? NO YES **If YES, please specify:** _____

Lunch/Dinner: If the student is bringing their own lunch or dinner, please be sure that the food is clearly marked using their full name. A refrigerator will be available for storage and a microwave to warm it up, if necessary.

Program Fee: \$100, which includes a T-shirt, food (snacks, water, soft drinks, lunch, and dinner), and transportation (to and from service sites). This fee can be paid using cash, or a check payable to "Sanctuary UCC" and sent to the address below.

Registration Form and Application Essay: Documents can be emailed to tom@sanctuaryucc.org or sent by snail mail to:

Sanctuary UCC
ATTN: am2pm
458 High Street
Medford, MA 02155

I understand that the registration form, application essay, and nonrefundable program fee are due by June 8, 2018.

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE:** _____



PARENT WAIVERS

EMERGENCY MEDICAL TREATMENT

You have my permission, in the event of an emergency and in case I am unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child, _____, as they may deem advisable.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Student Allergies: _____

Student Medical Problems: _____

Doctor: _____ **Phone number:** _____

Insurance Carrier: _____ **Policy number:** _____

Who is financially responsible for the student? _____

PHOTOGRAPHY WAIVER

I hereby give permission to Sanctuary UCC to photograph and/or videotape my child for educational or promotional purposes.

Parent/Legal Guardian Signature: _____ **Date:** _____

PARENT STATEMENT

I hereby state that (participant's name) _____ is in good mental and physical health condition to participate in the activities provided by Sanctuary UCC, including but not limited to all aspects of community service and volunteer work. I am fully aware that any activity involving motion or athletic activity creates the possibility of serious injury. I hereby release Sanctuary UCC, its employee and its staff from liability to the above named participant, of the person claiming through him/her/them, arising from injury to the person or property of the above named participant occurring in the premises of Sanctuary UCC, including any event sponsored or endorsed by Sanctuary UCC, and or travel to and from such activities. I understand that Sanctuary UCC, has the right to deny admittance to any participant not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my participant engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior) or becomes involved in any activity or with any persons not associated with Sanctuary UCC, or its scheduled program and that Sanctuary UCC, has the right to send the participant home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply. Parent/Guardian

Parent/Legal Guardian Signature: _____ **Date:** _____



am2pm

PARTICIPANT APPLICATION ESSAY

We are so excited that you will be joining us for AM2PM! This application essay is a chance for you to tell us a little about yourself. There are no right or wrong answers, we just want to get to know you and gauge how we can best accommodate your interests as a participant. In about, 3-4 paragraphs (one page max), please answer the following prompts:

Share with us some of your volunteer history.

Tell us what sparks your motivation to do community service.

Describe how you think this experience will benefit you.