



CONLEY'S YOUTH CONNECTION (CYC) Student Registration and Permission form

School: _____ Grade: **1-5** Year: **2021-2022**

Teacher's Name: _____

Student's Name: _____ DOB: _____

Parent's/Guardians's Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell: _____ (Please check preferred contact number)

Emergency Contact: _____ Phone: _____

Your Church Name/Address: _____

Attend Church: Weekly Occasionally I do not attend church On Holidays

List All Important Medical Information: _____

Please check here if your child cannot be included in a photo or video used to promote CYC.

Please check here if the information provided above cannot be shared with CYC partners.

- 1) I give permission for my child to participate in the CYC program lessons and activities.
- 2) I give permission for my child to be transported from school to Conley's Church by CYC staff.
- 3) The CYC staff will serve in my place to attest to my child's attendance at the Bible Elective.
- 4) I understand that my child may be excused from the CYC program upon written notice from a parent or guardian and also that CYC has the right to remove any student from the program for disciplinary issues.
- 5) CYC will in no way be responsible to administer medical treatment or hold any liability from physical conditions existing prior to my child's participation in the Bible Elective program.
- 6) I give permission to CYC staff to take action on my behalf in my child's best interest in the event of an accident or emergency. Also, I grant my permission to the hospital and/or doctor to treat or operate on my child in the event that I cannot be reached.
- 7) My signature below confirms that I am consenting to the above statements.

PARENT/GUARDIAN SIGNATURE

DATE

—Your child will be registered when ALL above information is completed—

Please return this completed form to the Conley's Church office. Thank You.
33106 Jolyns Way, Lewes, DE 19958 // 302-945-1881