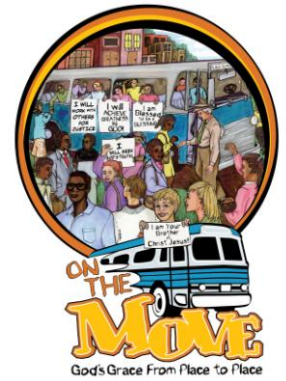


F-5: ON THE MOVE: A Multi-Generational Faith Event about the Civil Rights Movement



Sponsored by: Christ Church, South Church & West Parish Church
Mon - Thurs, July 26-29, 2010 * 5:30 – 8:15 p.m. * South Church

PLEASE COMPLETE ONE FORM PER PERSON (NOT PER FAMILY). Thank you!

Name: _____ Nickname: _____

Young Child (up to age 4) Child (age 4 - Grade 5 as of June 1, 2010)
 Teen (Grades 6-12) Adult

Complete Address: _____

Home Phone: _____ E-mail (very important): _____

Home Church/Town Located: _____ (Everyone is welcome!)

PLEASE COMPLETE THIS SECTION FOR ANY PARTICIPANT WHO IS UNDER 18 YEARS OF AGE

Grade Completed June 2010: _____ Birthdate: _____

Allergies/Medical Conditions/Medicines: _____

Doctor _____ Town _____ Phone _____

Mother's Name: _____ Cell: _____ Alternate Phone/Pager: _____

Father's Name: _____ Cell: _____ Alternate Phone/Pager: _____

Emergency Contact (other than parents): _____ Phone: _____

Other individuals authorized to pick up your child: _____

CONSENTS & MEDICAL RELEASE FOR ALL PARTICIPANTS

I would like to participate or I give permission for my child to participate in F-5 sponsored by Christ Church, South Church and West Parish Church during July 2010. I hereby release West Parish Church, Christ Church and South Church, their leaders, employees, and volunteers from any liability whatsoever for any injury or problem occurring during participation in F-5 or in exercising this permission. In the case of an emergency, I authorize an adult leader (person must be 21 years of age) to consent to any diagnostic and/or medical treatment for my child deemed necessary by a licensed physician or dentist while participating in the F-5 (including examination, X-ray, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care) with the stipulation that a reasonable attempt will be made to contact me or my designated alternates at the phone numbers listed above before any treatment is given to my child. I give my permission for my photo (for adults) or my child's photo to be posted on the websites or in the church bulletins, newsletters, or press releases for any of the three sponsoring churches. I understand that no names or other identifying information will be included. Yes _____ No _____

Signature _____ Print Name _____ Date _____

Please mail a separate registration form for each participant together with a suggested donation of \$25/person (maximum \$50/family unit) payable to "West Parish Church" to the attention of Marie Lucca at the West Parish Church Office, 129 Reservation Road, Andover, 01810. Telephone: 978-475-3528. Please register by July 1.

