

LOGOS Program Registration

2022- 2023 (First Night - Wed. Oct. 5th)

Return to: Sycamore UCC, PO Box 347, Sycamore OH 44882

Questions? Call or Text Nanette Flood - 419.618.6734

Please complete one form per youth/child.

Youth/Child Name: _____

Grade: _____ Teacher: _____ Birthday: _____

Parent/Guardian Name(s): _____

Emergency Contact Number(s): _____

Address: _____

City: _____ Zip: _____

Medical Release

Health Problems/Allergies: _____

Special Needs/Restrictions: _____

Pediatrician: _____ Phone: _____

Authorization for Treatment of a Minor:

My youth/child, named above, has my permission to attend trips and special events sponsored by LOGOS Program meeting at the Sycamore UCC. In the event of illness or accident, if the parent or guardian 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 church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Signature of Parent/Guardian: _____ Date: _____

Transportation

My Child _____

_____ Has transportation to LOGOS by _____

_____ Will be walking to LOGOS from the bus stop.

_____ Needs transportation

I give Sycamore United Church of Christ permission to transport my child from Mohawk School to Sycamore UCC to attend LOGOS.

Signature _____ Date _____