



# Christ United Methodist Church Youth Ministry

## Information: *(Please Print)*

Name: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Cell: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Do you and/or your student want to receive occasional text message updates from the youth ministry?

Yes  No

Guest/Friend of: \_\_\_\_\_

Check One:  Male  Female

Name of School: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian name (s): \_\_\_\_\_

I'm involved in another Church

Church Name: \_\_\_\_\_

I attend Christ United Methodist Church:

Sunday Morning *or* One of these other options

8:00 am

Sunday Night

9:16 am

Wednesday Night

10:40 am

Other Events

## Covenant:

In all meetings, retreats or other events under the sponsorship or guidance of my church, I am a representative of that Christian community and I am responsible for my actions. I understand and agree to abide by the following guidelines:

1. I will not bring or use any illegal drugs, alcoholic beverages, or tobacco.
2. My conduct and talk will be in keeping with the highest Christian regard and respect for all persons. I will not use any profanity or obscene language.
3. I will obey the Youth Staff and Counselors at all times.
4. As I am able, I will participate in discussions and/or activities.
5. I will dress appropriately for youth events. No clothing with inappropriate ads or themes: alcohol or cigarette ads, obscene content or language, rebel flags or logos. No two-piece bathing suits for swimming events.
6. I will keep the area used for the meeting, retreat or any other event clean. I will respect the vans or other transportation as well as the overnight accommodations. I will take care to leave all properties in their original condition.
7. I will use my seat belt while traveling with the youth group.
8. All PDA (public displays of affection) will be in keeping with the highest Christian regard and respect for all persons.
9. I will not bring mp3 players, or other personal media devices to overnight youth events, unless ok'd by youth staff.

As a minimum, the first violation of any of these rules will result in a warning. The second offense will result in a call to the parents.

***Should conditions warrant or violations continue, the youth will be sent home at his or her own cost.***

*I have read and do understand the Youth Ministry Covenant. To the best of my ability, I agree to abide by it.*

Signature of Youth \_\_\_\_\_ Date \_\_\_\_\_

*I, as parent or legal guardian, understand and agree to uphold the policies of the Christ United Methodist Church Youth Group with my student while he/she participates in any meeting, event, trip, or retreat. Also, I understand that I am responsible for all damages incurred to property or person resulting from the actions of the above named student:*

**Media Consent**-By signing this document I give my consent and permission for the taking of photographs and/or video of me (or my child) during an event and waive and/or assign any and all rights (including copyright) in such media to Christ United Methodist Church. Christ United Methodist Church, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

# Medical/Liability Release Form Sept 2017 – Aug 2018

Christ United Methodist Church      Mobile, Alabama

Students Name: \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Students Date of Birth: \_\_\_\_\_

I/we affirm that the health insurance information provided below is current and accurate:

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name the insurance is under and their DOB: \_\_\_\_\_

Mother/Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Father/Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

If Emergency, please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

If unable to reach me, contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Immunizations:     Tetanus/Year Given \_\_\_\_\_     Polio Booster     Measles

Mumps     Other: \_\_\_\_\_

**MEDICAL HISTORY** (check box to give appropriate information)

Asthma     Sinusitis     Bronchitis     Kidney trouble     Diabetes     Dizziness

Heart trouble     Stomach upset     Hay Fever     Other: \_\_\_\_\_

Allergies:    Food: \_\_\_\_\_

Poison sumac, oak, or ivy: \_\_\_\_\_

Insect stings/bites: \_\_\_\_\_

Penicillin/Antibiotic: \_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Any current medications: \_\_\_\_\_

Special diet (name): \_\_\_\_\_

Childhood diseases:     Chickenpox     Measles     Mumps     Other: \_\_\_\_\_

I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of \_\_\_\_\_ a minor, and have given consent for him/her to participate in the Children's/Youth Ministry at Christ United Methodist Church. I acknowledge that there are certain risks associated with participation in any activity or program, including transportation accidents, injuries, loss of personal items, criminal actions beyond the control of Christ United Methodist Church, or other harm that may occur to my child. I assume the risk associated with such activities and release Christ United Methodist Church of any liability for such. In the event that he/she is injured while attending any event of this ministry and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent I/we hereby authorize any staff or adult counselor to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed above, or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent so as the treatment is administered by or under the supervision of a licensed physician. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity, which they have any question about for health or other reasons.

Parent/Guardian (s) (if under 18    P/G( s) Drivers License # \_\_\_\_\_

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Sign in the presence of a notary**

STATE OF ALABAMA; COUNTY OF MOBILE

SUBSCRIBED and SWORN TO before me on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_ MY COMMISSION EXPIRES: \_\_\_\_\_