

**YOUTH MINISTRY PROGRAM
MEMBERSHIP FORM**

Youth participant's full name: _____ Date of membership: _____

Date of Birth: _____ Sex: _____ Male _____ Female

Address: _____

Home Phone: _____ Email: _____

School: _____ Grade: _____

- Is the family registered at the parish? _____ Yes _____ No
(If not, please contact the parish office for a registration packet)
- Father's / Guardian's full name:** _____
Work phone: _____ Cell phone: _____
Email: _____
- Mother's / Guardian's full name:** _____
Work phone: _____ Cell phone: _____
Email: _____
- Marital Status: _____ Married _____ Single _____ Separated _____ Divorced _____ Remarried
- Teen lives with: _____ Parents _____ Father _____ Mother _____ Guardian _____ Other
- Emergency contact name:** _____ **Phone:** _____
- Teen has received the sacraments of: _____ Baptism _____ Holy Eucharist _____ Confirmation
- Teen has permission to drive to offsite youth events. _____ Yes _____ No
- Would you be willing to volunteer with our youth program?
Name: _____ Phone: _____
- Please indicate any specific concerns that our Youth Ministry Team should be aware of for your teen.
Academic, Physical, Behavior etc...

I give my permission for my child's picture to be taken as a part of youth ministry activities and to be used in any promotion of our youth ministry including the website.

Signature of Youth Participant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____

[Please return one registration form for each youth participant with a completed medical form.]

**YOUTH MINISTRY ACTIVITY
PARENTAL PERMISSION & RELEASE FORM**

Deadline _____

My child, _____ has my permission to participate with the parish youth ministry group to:

(ACTIVITY) _____

(Place) _____

(Date) _____ **(Chaperone & phone #)** _____

(Transportation) _____

(Arrival time) _____ **(Pick up time)** _____ **(Cost)** _____

(Activity details) _____

I hereby agree to indemnify and hold harmless _____ the United Methodist conference, First UMC, its employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

/	/	
Parent or Guardian Signature	Phone	Date

MEDICAL RELEASE

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for _____ in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for _____ **(date)**. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

[Please notify the office whenever there is a change in medical/insurance information on file in the office.]

Name of Parent

Date

*All guests must complete a medical/insurance form available at church website or youth office.

**YOUTH MINISTRY PROGRAM
MEDICAL INFORMATION & LIABILITY RELEASE**

Please print and complete all areas.

Name _____ Birth Date _____
First Initial Last

Address _____ Home Phone _____
Street City

_____ Cell Phone _____
State Zip

EMERGENCY TELEPHONE NUMBERS:

Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian: Cell _____ Work _____

Emergency Contact: Name _____ Phone _____

MEDICAL INSURANCE CARRIER:

Parent/Guardian's Insurance Group Name _____

Insurance Group Number _____

MEDICAL INFORMATION:

- Family physician's Name _____ Phone _____
- Date of last tetanus shot: _____
- Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:
Food _____ Drug _____
Animal _____ Other _____
- My child requires the following medicine: _____ Frequency _____
- My child has permission to be given Tylenol or Ibuprofen if they request it.
_____ Yes _____ No

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless _____ the United Methodist Conference, First UMC, its employees, and volunteer staff from any liability.

Date _____

Signature of Parent or Legal Guardian

THIS FORM MUST BE RETURNED FOR REGISTRATION TO BE COMPLETED.

