

## South Ashland United Methodist Youth and Children Participation Form

### **Youth Information**

Youth Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Youth Cell Phone : \_\_\_\_\_  
Youth email: \_\_\_\_\_  
Youth Facebook: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies+ Medical/ Behavioral Needs : \_\_\_\_\_  
\_\_\_\_\_

Currently on the following medications: \_\_\_\_\_

### **Parent/Guardian Information**

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Facebook: \_\_\_\_\_  
Address (if different from youth): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Facebook: \_\_\_\_\_  
Address (if different from youth): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to Youth: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\*\*The person listed above is allowed to pick up my child if necessary.

### **Transportation**

YES  NO My child has permission to be transported by the SAUMC van and/or staff/volunteers.

The following people are NOT allowed to pick up/transport my child:  
\_\_\_\_\_  
\_\_\_\_\_

### **Photography/Video/Audio Statement of Release**

YES  NO Regarding the use of photography and electronic recording (film, video and audio) of my child, I hereby grant permission for personnel of SAUMC to photograph, film, video record and/or audio record my child for the purposes of church use (ie: bulletin boards, website, social media pages). I understand there will be no compensation for such use. I also understand that church employees/volunteers are not responsible when a photograph of my child is 'tagged' by other users on church social media sites.

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### Media Permission

As the parent/guardian, I allow the following methods of communication with myself and/or my child regarding my child's participation in programs and activities of SAUMC:  
(by checking, I agree)

Email:	___ parents/guardians	___ youth
Text Message:	___ parents/guardians	___ youth
Facebook/social media:	___ parents/guardians	___ youth
Remind (Scheduling Tool)	___parents/guardians	___youth

### Permission to Participate

\_\_\_ YES \_\_\_ NO I give full permission for my child to participate in the SAUMC Youth Ministry Program. I understand that adult supervision will be provided at all youth ministry functions. If emergency medical attention is required during the course of any events, I hereby give permission for my child to be treated and taken to a medical center if deemed necessary. I do not hold SAUMC, staff, and/or volunteers liable for any injury or accident involving my child. I understand my child is expected to behave in an appropriate manner at all times. He/she will respect all adults, youth, and property associated with SAUMC activities. I fully expect to be notified if my child is disrespectful or uncooperative.

By signing below, I acknowledge that I have read and agree to all policies outlined above. I understand it is my responsibility to inform the church if any of my information (medical, phone numbers, etc) changes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Youth Behavior Contract

I will respect all leaders, youth, and property. If I do not, I understand I may be removed from the activity or not allowed to participate if I choose to disobey, be disrespectful, or cause harm to myself, others, and/or property.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date