

South Ashland United Methodist Youth and Children Participation Form

Youth Information

Youth Name: _____

Date of Birth: _____ Grade: _____

Nickname: _____

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
Remind101/similar online scheduling tool:	___ parents/guardians	___ youth

Permission to Participate

___ YES ___ NO I give full permission for my son/daughter 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 son/daughter 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

Interested in: ___ Sunday nights ___ Wed nights ___ Sunday School ___ Summer Day Trips
___ Puppets ___ Choir ___ Acolyte ___ Confirmation ___ Ushering