

First United Methodist Church
UMYF Information, Permission, and Medical Release Form 2012-2013

Youth's Name _____ Date of Birth ____ / ____ / ____

Address _____

Residence Phone: _____ **Youth's Email** _____

Grade for 2012-13 _____ School _____

Parent/Guardian _____ Relationship to youth _____

Address _____

Home Phone: _____ Work: _____ Cell: _____

*****Parent/Guardian Email** _____ *******

Parent/Guardian _____ Relationship to youth _____

Address _____

Home Phone: _____ Work: _____ Cell: _____

Parent/Guardian Email _____

Contact in case of emergency (when parents/guardians cannot be reached):

Name _____ Relationship to youth _____

Address _____

Home Phone _____ Work: _____ Cell: _____

Medical Information

Date of last tetanus _____ Medications youth cannot take: _____

Allergies/special health problems or concerns: _____

Insurance _____ Phone (____) _____

Policy # _____ Policy Holder _____

Address _____

Physician _____ Phone _____

Dentist _____ Phone _____

(Continued on Reverse)

For routine medical care (headaches, scrapes or insect bites etc.) please check the following that can be given.

- Tylenol
 - Motrin
 - Neosporin Ointment (cuts or scrapes)
 - Hydrocortisone cream or Benadryl (insect bites or stings)
 - Other: _____
-

Permissions

I do hereby certify that my child, _____, has permission to participate in the youth ministries of First United Methodist Church, Rockingham, NC.

I confer upon Mary Griffith or temporary guardian/chaperone the authority to sign on my behalf for any and all medical or dental treatment contracts and treatment authorization forms, without limitation, the guardian deems necessary for the benefit of my child in the event of injury or illness. In this event every reasonable effort will be made to contact the persons listed on the reverse side.

I agree to pay for all such treatments and to not hold First United Methodist Church, Rockingham or its employees responsible for these expenses.

I agree not to hold First United Methodist Church, Rockingham, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the youth on this form.

I understand that there will be times on youth retreats that my child will be housed in quarters with an approved, unrelated, staff member, chaperones or youth volunteer worker.

I agree that all information provided is accurate to the best of my knowledge.

This is the _____ day of _____, Year_____.

Signature of Parent/Guardian _____

First United Methodist Church
United Methodist Youth Fellowship (UMYF) Covenant

1. I will conduct myself in a Christian manner at all times while with the First United Methodist Church UMYF.
2. The youth are expected to show respect to one another and to the adults in charge.
3. Appropriate language and actions should be used at all times. Name-calling, profanity, and/or inappropriate actions will not be tolerated.
4. We expect our youth to be respectful of property; therefore, any damage intentionally done to property will be repaired or the damaged elements replaced by the youth.
5. We expect purity of self with one's own body; therefore, the use of illegal drugs, alcohol, or tobacco products is strictly prohibited.
6. We will use the Turn Off—Drop Off Basket (Electronic devices) during all Worship Services, youth mtg., concerts, etc.
7. I will not bring any CD's, music, etc. that suggest profanity or indecency.
8. I will not be in the cabin or sleeping area of a member of the opposite sex at any time for any reason.
9. I will contribute to the overall success of the retreat by participating in all games, songs, lessons, meals, and all else that pertains to the retreat. I am partly responsible for making our programs great ones.
10. I will discuss with the Youth Director any of my concerns or questions while on retreats or participating in the group and will help keep the integrity of the group by holding others accountable for this covenant.
11. I will abide by all rules as set by First United Methodist Church UMYF, facility visited, or specific event attended.

_____ *Date* _____
Youth Signature

_____ *Date* _____
Parent Signature