

YOUTH

P.O. Box 3 - Cleveland, TN 37364-0003 - 423.476.5586 - www.bsumc.org - broadumc@bellsouth.net

2009 INFORMATION FORM

PLEASE PRINT

Fill out completely, leaving no blanks. If not applicable, please enter N/A.

Youth Name	Date of Birth	Social Security Number
Street Address	City	State Zip Code
Home Phone Number	Youth Cell Phone Number	Cell Phone Service Provider School

Which of the following means of communication does the youth use regularly?

Text Messaging - May we send text reminders/announcements (4-6/month) to above cell #?
 Yes No

Email - Email address: _____

Facebook - Contact Info: _____

Other - Please List: _____

May we use youth photo on the church's website, newsletter, etc.?

Yes No

Youth T-Shirt Size:

S M L XL XXL

(Circle One)

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

Please make sure to include your subscriber ID number and group number.

Parent/Guardian Name	Parent Cell/Work Phone Numbers	Parent Email Address
Emergency Contact Other Than Parent/Guardian	Relationship to Youth	
Emergency Contact Home Phone Number	Emergency Contact Cell Phone Number	

Youth Health Information

Health Insurance Carrier/Company	Subscriber ID Number	Group Number
Date of Last Tetanus Shot		
List ANY Allergies		
List ALL Medications Being Taken		
List any additional special needs, conditions, or limitations of which we need to be aware:		

PLEASE COMPLETE BOTH SIDES

2009 ANNUAL CONSENT FORM

This form will NOT be accepted unless it is complete and notarized.

The undersigned does hereby give permission for my child, _____
to attend and participate in activities with the Broad Street Youth Fellowship, including but not limited
to, regular weekly activities and the following special trips:

~Resurrection 2009

(January 16-18)

~N*Light*N Trip(s)

(February 21-22 and Fall)

~Other(s)

~Wonders in the Woods

(June 15-July 21)

~High School Mission Week

(A.S.P - June 7-13)

~Middle School Mission Week

(July 22-26)

~Jr. & Sr. High Assemblies

(July 6-10)

This will include transportation to and from each event, retreat, or activity.

We (I), the undersigned parent/guardian, acknowledge that there are inherent and understood risks of personal injury associated with the activities as set forth above.

In the event of injury, we (I), the undersigned parent/guardian, authorize any adult person, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital.

We (I), the undersigned parent/guardian, shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization and further agree(s) to indemnify and hold harmless Broad Street United Methodist Church, its agent and employees, from any and all claims for medical expense and/or injury that may arise from the activity here and above described.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Broad Street United Methodist Church.

 Parents'/Guardian Signature

 Signature of Notary Public

 Signed Before Me on This Date

 My Commission Expires

PLEASE COMPLETE BOTH SIDES