

YOUTH

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

2010 INFORMATION FORM

PLEASE PRINT

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

<input type="text"/> Youth Name	<input type="text"/> Date of Birth	<input type="text"/> Social Security Number
<input type="text"/> Street Address	<input type="text"/> City	<input type="text"/> State
<input type="text"/> Zip Code	<input type="text"/> Home Phone Number	<input type="text"/> Youth Cell Phone Number
<input type="text"/> Cell Phone Service Provider	<input type="text"/> School/Grade	<p>May we use youth photo on the church's website, newsletter, Facebook, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Which of the following means of communication does the youth use regularly?</p> <p><input type="checkbox"/> Text Messaging - May we send text reminders/announcements (4-6/month) to above cell #? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Email - Email address: _____</p> <p><input type="checkbox"/> Facebook - Contact Info: _____</p> <p><input type="checkbox"/> Other - Please List: _____</p>		
		<p>T-Shirt Size: S M L XL XXL (Circle One)</p>

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

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

<input type="text"/> Parent/Guardian Name	<input type="text"/> Parent Cell/Work Phone Numbers	<input type="text"/> Parent Email Address
<input type="text"/> Emergency Contact Other Than Parent/Guardian	<input type="text"/> Relationship to Youth	
<input type="text"/> Emergency Contact Home Phone Number	<input type="text"/> Emergency Contact Cell Phone Number	
Youth Health Information		
<input type="text"/> Health Insurance Carrier/Company	<input type="text"/> Subscriber ID Number	<input type="text"/> Group Number
<input type="text"/> Date of Last Tetanus Shot		
<input type="text"/> List ANY Allergies		
<input type="text"/> List ALL Medications Being Taken		
<p>Below, list any additional special needs, conditions, or limitations of which we need to be aware:</p> <p>_____</p> <p>_____</p>		

PLEASE COMPLETE BOTH SIDES

2010 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 2010

(January 15-17)

~N*Light*N Trip/Retreats(s)

(February 27-28 and Fall)

~Other(s)

~Wonders in the Woods

(June 17-July 21)

~High School Mission Week

(June 10-16)

~Middle School Mission Event(s)

~Jr. & Sr. High Assemblies

(July 5-9)

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