

Youth's Name on each page: \_\_\_\_\_

## 2018 – 2019 Front Street Youth Group Parent Contact Information Sheet

STUDENT NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S CELL: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

PREFERED CONTACT METHOD: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S CELL: \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_

PREFERED CONTACT METHOD: \_\_\_\_\_

ANY INTEREST IN CHAPERONING OR DRIVING IN THE EVENT PARENTS ARE NEEDED?

YES or NO  
(Please circle one answer)

YOUTH SHIRT SIZE: \_\_\_\_\_

YOUTH CELL: \_\_\_\_\_

YOUTH SCHOOL: \_\_\_\_\_

Youth's Name on each page: \_\_\_\_\_

**MEDICAL PERMISSION AND LIABILITY RELEASE FORM**  
**September 9, 2018 – September 8, 2019**

We (I) the parent(s) or legal guardian(s) of \_\_\_\_\_ here by grant our (my) permission for him/her to participate fully in events and activities sponsored by or attended by Front Street United Methodist Youth Fellowship during the time period of September 20, 2018 through September 19, 2019.

Authorization and permission is hereby given to said church (Front Street United Methodist Church) to furnish any necessary transportation, food, and lodging, for this participant during the excursions and activities of the youth ministry program.

I understand all safety precautions will be taken at all times by Front Street United Methodist Church and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Front Street United Methodist Church, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the participant who is the subject of this form. Furthermore, I (and on behalf of my youth - participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached or the alternate contact person cannot be reached in an emergency I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Front Street United Methodist Church can be used as a backup policy only if the accident or injury takes place on the church property.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Please sign below.

\_\_\_\_\_  
Parent/s

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Participant, if age 21

Youth's Name on each page: \_\_\_\_\_

**MEDICAL PERMISSION AND LIABILITY RELEASE FORM**  
**September 9, 2018 – September 8, 2019**

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, A NOTARY PUBLIC FOR SAID COUNTY  
AND STATE, DO HEREBY CERTIFY THAT \_\_\_\_\_  
PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE  
EXECUTION OF THE FOREGOING INSTRUMENT.

WITNESS MY HAND AND OFFICIAL SEAL, THIS THE \_\_\_\_\_ DAY OF  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

Youth's Name on each page: \_\_\_\_\_

**MEDICAL PERMISSION AND LIABILITY RELEASE FORM**

**September 9, 2018 – September 8, 2019**

**(Please Print)**

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( \_\_\_\_ ) \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Email Address \_\_\_\_\_ Weight \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Emergency Contact Person:**

Parent/Guardian Name \_\_\_\_\_

Address (if different from student)  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number **(Home)** ( \_\_\_\_ ) \_\_\_\_\_ Phone Number **(Work)** ( \_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number **(Other)** ( \_\_\_\_ ) \_\_\_\_\_

**Alternate Contact Person:** (Use someone near the primary contact)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number **(Home)** ( \_\_\_\_ ) \_\_\_\_\_ Phone Number **(Work)** ( \_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number **(Other)** ( \_\_\_\_ ) \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury incurred during any UMYF function or activity.

Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Insurance Company  
\_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

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**MEDICAL PERMISSION AND LIABILITY RELEASE FORM**  
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Family Doctor \_\_\_\_\_ City \_\_\_\_\_  
Phone Number ( \_\_\_\_ ) \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

**Health History:**

Pre-existing or present medical conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and dosage of any medications that must be taken  
\_\_\_\_\_

Any allergies? \_\_\_\_\_ to medications? \_\_\_\_\_

\_\_\_ Hay Fever    \_\_\_ Heart Condition    \_\_\_ Diabetes    \_\_\_ Insect Stings

\_\_\_ Epilepsy/Nervous Disorders    \_\_\_ Asthma    \_\_\_ Frequent Stomach Upsets

\_\_\_ Physical Handicap    \_\_\_ Any major illnesses during the past year?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions)

\_\_\_\_\_  
\_\_\_\_\_

Any fast acting medications? \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Any swimming restrictions? \_\_\_\_\_ Yes    \_\_\_\_\_ No

What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ Yes    \_\_\_\_\_ No

What? \_\_\_\_\_

Youth's Name on each page: \_\_\_\_\_

**Permission to use Likeness Form**  
**September 9, 2018 – September 8, 2019**

I, \_\_\_\_\_ (parent/guardian), do hereby give my permission for my dependent child's likeness and/or photograph to be used for informational, promotional and celebration purposes for the Youth Ministries of Front Street United Methodist Church (in print, video, multimedia, and internet) for the period beginning September 9, 2018 through September 8, 2019. I also hereby indicate my understanding that images of my youth are not limited to images at church, but may also include images from off-site activities and programs (such as mission trips, retreats, trips, etc.) that are official Front Street UMYF events.

The above stated church agrees to make every effort to protect the privacy and dignity of your children. If you or your dependent request that a picture be removed, it will be done so immediately. In the case of an internet picture, this will be done as soon as possible. In the case of a printed picture, this will be done the next time it goes to print.

\_\_\_\_\_  
(Name of Youth)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

Youth's Name on each page: \_\_\_\_\_

## Community Covenant of Conduct September 9, 2018 – September 8, 2019

The purpose of the youth ministry at Front Street United Methodist Church is to grow as disciples of Jesus Christ for the transformation of the world. The Front Street youth ministry is a safe place for youth to gather in Christian fellowship to support, encourage, and help each other grow in faith. To facilitate that environment, we agree to act in such a way that facilitates a healthy experience in Christian discipleship.

I understand the standing policies that prohibit (1) the use or possession of alcohol, (2) the use or possession of tobacco, (3) the use or possession of non-prescription drugs, (4) the use or possession of firearms, (5) the use of profanity or inappropriate language, and/or (6) wearing inappropriate clothing at a Front Street youth event.

I understand that youth activities are a time to be present with God and each other. Therefore, I will leave my cell phone in the cell phone basket at the door at the beginning of each youth activity and I will retrieve it at the end of the youth activity. Youth are encouraged to place an identifying marker (sticker, case, etc.) on their phone. Youth are encouraged to use a code to lock their cell phones and parents are encouraged to know and set the code. Digital activity reflects back on one's character, therefore outside of Front Street youth activities I will use cell phones appropriately.

I understand and will follow the "no purple" rule at youth activities. Pink represents girls (as well as girls' sleeping quarters and girls' restrooms). Blue represents boys (as well as boys' sleeping quarters and boys' restrooms). Mixing pink and blue makes purple. No making purple at youth activities. No sexual activity at youth activities.

I understand that bullying, negative language, and making fun of others goes against the purpose of youth ministry and I agree to avoid these actions. Furthermore, I agree to be positive, include others, and to be kind to and respectful of myself, adult leaders, and my peers.

I understand the value of property and the consequences of property damage. Therefore, I agree to respect and protect facilities and property belonging to the church, host sites, others, and myself. If I do damage, then I agree to fix or pay to fix the damage done.

We understand the code of conduct and community covenant of the Front Street UMC Youth Fellowship. I, as the parent/guardian, agree to hold my youth accountable to a high standard of behavior and conduct. I, as the youth, agree to conduct myself in accordance with high ethical standards, abide by the Front Street youth policies, and to act in keeping with the culture of Christian community.

\_\_\_\_\_  
(Name of Youth)

\_\_\_\_\_  
(Signature of youth)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of parent or guardian)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)