

**Lafayette United Methodist Church Youth Ministry**  
**955 Moraga Road, Lafayette, CA 94549 925-284-4765**

**Youth Registration 2011-2012**

**Participant's Information**

Youth Name		School Attending		Gender
Youth E-Mail		Date of Birth		Grade
Home Address				
City, ST ZIP Code				
( )		( )	Nickname? Other Information?	
Home Phone		Cell Phone		

**Parent/Guardian Information**

Mother's Name		Father's Name	
Mother's E-Mail		Father's Email	
Home Address (If Different than Youth)		Home Address (If Different than Youth)	
City, ST ZIP Code		City, ST ZIP Code	
( )	( )	( )	( )
Home Phone	Cell Phone	Home Phone	Cell Phone
( )	( )	( )	( )
Work Phone	FAX #	Work Phone	FAX #

**Emergency Contact Information**

Contact's Name		Primary Doctors Name	
Relationship	( )	Name of Doctor's Practice	
	Home Phone		
( )	( )	Hospital Associated With	Doctor's Phone
Work Phone	Cell Phone		

**Youth Agreement**

I have willingly chosen to participate in Lafayette United Methodist Church's Youth Ministry. As a participant, I will work towards fulfilling the mission of the Lafayette United Methodist Youth Ministry and toward building our group in to a Christian community by...

- Participating whole-heartedly and enthusiastically in all activities planned for our group.
- Speaking up when I have a problem, need or concern.
- Listening/Responding to the needs of others.
- Following the guidance of the adult leadership.
- Respecting other's property or rights, and abiding by the house rules and consequences for choosing to violate them.
- NOT using controlled substances (alcohol, tobacco, or drugs) or promoting use of these substances in our community.
- NOT leaving the event ground at any time without an adult leader present.
- Encouraging others to understand and abide by the above covenant and striving, as a Christian, to live as a supportive member of the group and as an example of faith and belief to those with whom we are in contact.

I understand that success in abiding by this covenant will result in a positive group environment and experience. I also understand that failure to abide by any of these guidelines may result in my being sent home at my parents' expense.

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**Parent Agreement**

I have willingly chosen to participate in Lafayette United Methodist Church's Youth Ministry. As a participant, I will work towards fulfilling the mission of the Lafayette United Methodist Youth Ministry and toward building our group in to a Christian community by...

- Participating whole-heartedly and enthusiastically in the activities planned for our group, through my time and prayers.
- Prepare dinner, coordinate an event and/or chaperone at least two events during the year.
- Speaking up when I have a problem, need or concern.
- Listening/Responding to the needs of others.
- Respecting other's property or rights, and abiding by the house rules.
- NOT using controlled substances (alcohol, tobacco, or drugs) during youth ministry events.
- Encouraging others to understand and abide by the above covenant and striving, as a Christian, to live as a supportive member of the group and as an example of faith and belief to those with whom we are in contact.

**I understand that success in abiding by this covenant will results in a positive group environment and experience.**

**Photo Release & Transportation Agreement**

I \_\_\_\_\_ give permission to Lafayette United Methodist Church to make photographs, video and audio recordings of my teen in context of my teen's participation in the church's ministry. I understand that these recordings and photographs will be used only in programs, printed materials, internet or other legal purposes of Lafayette United Methodist Church. I further understand that my child's full name will not be used in connection with photos on the internet and that all efforts will be made to ensure privacy and security precautions are taken.

Lafayette United Methodist Church also has my permission to transport my teen (named above) on planned local trips away from campus and out of town trips. I understand that all precautions will be taken to ensure the safety and health of my teen. In signing this I acknowledge that I will not hold the church, its chaperones, or its drivers responsible in the event of an accident.

**MEDICAL RELEASE INFORMATION**

I, \_\_\_\_\_, the parents of \_\_\_\_\_ (if under age 18)

or I, \_\_\_\_\_ (if 18 or older) hereby willingly consent to participation in Lafayette United Methodist Church Youth Ministry trips/activities. In the event of injury or illness requiring URGENT medical attention while attending youth events, I consent to reasonable emergency medical treatment as deemed necessary. This consent includes permission granted to the adult supervisors and leaders of Lafayette United Methodist Church Youth Ministry to make decisions regarding administration of first aid or medications when required for injury or illness. I understand that every effort will be made to contact me. In the event that a parent cannot be reached to obtain consent requested for specific treatment of a minor child by medical professionals, or in the event that a youth program participant who is 18 years of age or older cannot give consent due to incapacitating illness or injury, I hereby authorize the adult supervisors and leaders of Lafayette United Methodist Church Youth Ministry to give such consent.

In the event it becomes necessary for a Lafayette United Methodist leader to give consent for me, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by health insurance.

Health Insurance Company

Policy or Group # \_\_\_\_\_ Policy Holder's Employer \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Insurance Company Phone Number \_\_\_\_\_

**Youth Participant Information**

Current medications

Allergies

List any significant past or present medical concerns (example: asthma, diabetes, etc.)

List any dietary restrictions

Date of Most Recent Tetanus Shot

**Liability Release Form**

I/We understand that there are inherent risks involved in any youth trip or activity, and I/We hereby release Lafayette United Methodist Church, its staff and volunteer workers from any and all liability due to injury, loss or damage to the person or property that may occur during the course of my/our involvement with these trips or activities.

YOUTH Participant Printed Name \_\_\_\_\_

YOUTH Participant Signature \_\_\_\_\_

PARENT/GUARDIAN Printed Name \_\_\_\_\_

PARENT/GUARDIAN Signature \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

Today's Date \_\_\_\_\_