

# 2018-19 Youth Participant Information Form

Name _____	Birth date ____/____/____
<small>First Name Middle Initial Last Name</small>	
Address _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
City, State & Zip Code _____	Grade _____
Youth E-mail _____	High School Graduation Year _____
Youth Cell phone _____	School _____
Activities _____	

## Primary Parent(s)/Guardian

Parent/guardian names \_\_\_\_\_ Relationship to youth \_\_\_\_\_

Address if different from youth \_\_\_\_\_

Mom's Phone \_\_\_\_\_  
Home Phone Work Phone Cell Phone

Dad's Phone \_\_\_\_\_  
Home Phone Work Phone Cell Phone

E-mail of Parent(s) if different from youth \_\_\_\_\_

Additional Parent/guardian names \_\_\_\_\_ Relationship to youth \_\_\_\_\_

Address if different from youth \_\_\_\_\_

Phone \_\_\_\_\_  
Home Phone Work Phone Cell Phone

E-mail of Parent(s) if different from youth \_\_\_\_\_

Emergency Contact if parent(s)/guardian(s) cannot be reached \_\_\_\_\_

Relationship to youth \_\_\_\_\_

Emergency Contact number(s) \_\_\_\_\_  
Home Phone Work Phone Cell Phone

## **Youth Group Covenant/Code of Conduct**

As a participant Fargo First UMC Youth Events, I covenant with the youth group staff and all youth participants.

1. I will refrain from using my cell phone; including texting during youth group meetings and events unless permission is given by the youth staff.
2. I will not use or possess alcohol, illegal drugs, tobacco, or weapons at any youth event or activity. Failure to comply with this expectation will result in my dismissal from the event and notification of the authorities.
3. I will wear appropriate clothing which respects me and others.
4. I will use appropriate language.
5. No public or private displays of physical affection.
6. I will respect others and their property.
7. I will remain within the physical boundaries of the youth event.
8. I will participate physically, intellectually, spiritually and emotionally, and have a great time in Christian fellowship, worship, and growth.
9. The breaking of this covenant will be dealt with accordingly.

Signature of Youth Participant: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Fargo First UMC Youth Health, Permission and Release Form

Participant's Name \_\_\_\_\_ Preferred hospital \_\_\_\_\_

Participant's Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

## Health History

Please indicate which of the following conditions the participant has/or has had. Give dates if appropriate.

Medical Conditions	Allergies
Heart Conditions:	Severe Allergy to Insect Stings: Treatment:
Seizures:	Medications:
Diabetes:	Food (nuts, wheat, milk, other) indicate severity:
Asthma:	
Fainting:	Other:
Operations/Serious Injuries	Regular Medications:
Chronic/reoccurring Illness	
Tetanus: (give date of last booster)	Behavioral or mental illnesses?
Other pertinent Health Information/Diagnosis	
Dietary Needs?	

### Other Information

Do you give permission for your youth to take over the counter medication if necessary? Yes No

Are there any activities which need to be monitored/avoided? \_\_\_\_\_

Are there routine treatments or medication required? Yes No

If yes, please specify. \_\_\_\_\_

## Release and Permission

I am a Parent or Legal Guardian of the above named youth. I give permission for my son/daughter to participate in activities sponsored by the Fargo First United Methodist Church from Sept 1, 2018-Sept 1, 2019. I understand that staff and volunteer youth sponsors will accompany my son/daughter at all events. I understand that my son/daughter may travel in the provided transportation or in the private vehicles of youth sponsors once arriving at events. I authorize the use of photographs of my youth by the youth ministry. The church youth ministries may contact my youth/family by email. In case of emergency and I cannot be reached, I hereby give the youth staff permission to act on my behalf in seeking emergency treatment for my son/daughter in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using only those measures deemed necessary (including x-ray examinations, anesthetics, medication, medical/dental emergency surgery). I release the Fargo First United Methodist Church, staff (both paid and volunteer) and the Dakotas Conference of the United Methodist Church from liability in acting on my behalf in this regard.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- I do not want photographs of my child to be used by the youth ministry.
- I do not want my youth/family to be contacted by the youth ministries by email.