

# Faith Harbor UMC Youth Registration

School Year 20 /     

My son/daughter, \_\_\_\_\_, has my permission to participate in all youth activities and events with Faith Harbor UMC youth programs.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Please list any physical or behavioral conditions, or medications that leaders should be aware of:

\_\_\_\_\_

STUDENT NAME			
GRADE		DATE OF BIRTH	
PARENT(S) EMAIL			
PARENT 1 NAME		PARENT 2 NAME	
PARENT 1 PHONE		PARENT 2 PHONE	
YOUTH PHONE		YOUTH EMAIL	
ADDRESS			
ALLERGIES			
EMERGENCY CONTACT		EMERGENCY PHONE	
INSURANCE CO		GROUP/SUB#	
PHYSICIAN NAME		PHYSICIAN PHONE	

## Parent Volunteer Support (circle all that apply):

I/We would be willing to: (check box)

Prepare a meal for a meeting/event

Host at our home

Chaperone a day/overnight trip

Volunteer at a middle/high meeting

Volunteer at a middle/high event

# Faith Harbor UMC Youth

## COVENANT OF CONDUCT

In all meetings, retreats or other events under the sponsorship and/or guidance of Faith Harbor UMC, I am a representative of that Christian community. I am responsible for my actions. I understand that the following Covenant of Conduct will be followed. I also understand that failure to do so may result in a call to my parents to come pick me up.

- All Conduct shall be in keeping with Christian regard and respect for all persons. Treat others as you would like to be treated.
- The word of group leaders and adult volunteers is to be respected. Their directions should be followed with a cheerful attitude.
- The areas used for meetings, retreats, games, etc. shall be left clean. All youth are expected to help clean up.
- The use of electronic devices such as cell phones, games, iPods, etc. is not permitted during group time except as directed by a leader.
- The use of illegal drugs, and the use or possession of alcohol, tobacco, cigarettes, vapes, or "edibles" are prohibited.
- The use or possession of all weapons is prohibited.
- All individuals are expected to participate in all group activities.
- All dress shall be in good taste. If you are not sure, then it probably isn't appropriate.

I (print youth name), \_\_\_\_\_, have read and understand the Covenant of Conduct and agree to follow it to the best of my ability.

Signature of youth participant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian AGREEMENT WITH INTENT TO SUPPORT

I have read the above Covenant of Conduct. I understand that I will be called to come and pick up my child if they are uncooperative, unkind, or are not willing to fully participate to the best of their ability during youth group events.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

## Faith Harbor UMC Youth Permissions & Releases

### Media Release

I, \_\_\_\_\_, hereby give my consent to the following materials being used in which my child, \_\_\_\_\_, may appear. *Please initial all that apply.*

- \_\_\_\_\_ Printed & Digital Photographs for internal use only: bulletin boards, worship bulletins, PowerPoint presentations, monthly church and youth ministry newsletters.
  - \_\_\_\_\_ Printed Photographs for external use: newspaper articles, promotional materials.
  - \_\_\_\_\_ Digital Photographs and Videos for external use: church website, social media.
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### Travel Release

I, \_\_\_\_\_, authorize the Faith Harbor UMC adult leaders to drive my child, \_\_\_\_\_.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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### Consent to Treat

I/We the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize the adult leaders of Faith Harbor UMC to administer over the counter medications per required need.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

I/We the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize the adult leaders of Faith Harbor UMC as agents for the undersigned to consent to an examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_