

DUKE MEMORIAL UMC YOUTH INFO

Date Completed/Reviewed: _____

YOUTH

Full Name: _____ Goes by: _____

Birthdate: _____ Grade: _____ Class of _____ School: _____

Youth mailing address: _____

Who else lives at the address above? _____

ADULT CONTACTS (parents/guardians/other caregivers)

P1 (contact first): name: _____ relationship: _____

P2 (contact next): name: _____ relationship: _____

Parent(s) is/are: married separated divorced widowed single other: _____

PHONES:

EMAILS (please print ever-so-neatly)

Home: _____ Circle to receive YM emails: P1 P2 Youth

Youth cell: _____ Youth _____

P1 cell: _____ P1 _____

P2 cell: _____ P2 _____

Who can receive **texts**? Youth (non-school hours) P1 P2 Please copy P1 on texts to Youth

Church connection? Duke Memorial UMC None Other: _____

Besides school and homework, how do you spend your time? (list sports, work, interests, hobbies, etc.)

COVENANT (TO BE INITIALLED & SIGNED BY YOUTH AND PARENT/GUARDIAN):

____ I understand that youth are expected to remain for the duration of a scheduled event unless the Youth Minister or adult leadership is notified in advance.

I choose to participate in Duke Memorial UMC's youth ministry (as a youth or parent/guardian). In order to make it a positive experience for everyone, I agree to:

- Participate wholeheartedly in planned activities
- Treat others as I would like to be treated myself
- Speak up when I have a problem, concern, or need
- Abide by the group's rules and encourage others to do so
- Strive to set an example of faithful Christian living at all times, with everyone we encounter

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL INFO

Youth Name: _____ DOB: _____

Allergies: _____

Health issues we should be aware of: _____

Medications: _____

Is help needed to store or administer meds? No Yes (explain) _____

Med Insurance Co: _____ Phone # _____

Name of Insured: _____ Policy/Group/ID # _____

Date of last tetanus shot: _____ Pref'd hospital: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Emergency Contact (IF P1 AND P2 CAN'T BE REACHED):

Name: _____ Relationship to youth: _____

Phones: _____
(cell) (home) (other)

OTC Medications (please initial one)

I will notify the Youth Minister or appropriate adult leader if my youth needs assistance regarding any over-the-counter medications.

PERMISSIONS (TO BE COMPLETED & SIGNED BY PARENT/GUARDIAN):

Please initial or check:

I give Duke Memorial permission to participate in events hosted by Duke Memorial's Youth Ministry.

I give Duke Memorial permission to release basic information (contact info, allergies, etc.) to volunteers as deemed necessary and appropriate by the youth minister to aid volunteers in our ministry here.

I give Duke Memorial permission to use participant's name and/or picture in marketing and communications materials solely for the purpose of promoting Duke Memorial.

I agree to release Duke Memorial, its staff and volunteers, from all liability for any accidental injury to participants or their possessions during Duke Memorial Youth Ministry events.

In the event of an urgent medical situation in which treatment is needed as a result of participation in a Duke Memorial UMC Youth Ministry event, every reasonable effort will be made to contact the person(s) listed on this form. If contact cannot be made, I give permission for treatment by competent medical personnel. I understand that I am responsible for my child's medical expenses.

I give permission to Duke Memorial to provide transportation during Youth Ministry events when required (retreats, etc.), and I further agree to release Duke Memorial and their designated leaders from all liability for any accidental injury to participants or their possession while using this transportation.

Parent/Guardian Signature: _____ Date: _____