

2011-2012 YOUTH MINISTRIES PERMISSION FORM AND COVENANT

Parent/Guardian Information:

I give permission for (print first & last name) _____ to participate in all programs, retreats, events and activities hosted by Brooklyn United Methodist Church between September 1, 2011 and August 31, 2012.

Parent(s)/Guardian(s) Name(s): _____

Address: _____ City, State & Zip: _____

Home Phone: _____ Cell/Other Phone: _____

Youth's Birth Date: _____ Parent(s)/Family Email: _____

List any and all medical concerns, medications, allergies, and other conditions to be aware of for your son/daughter: _____

Name of Health Insurance Company: _____

Policy Holder's Name: _____ Policy Holder's Birth Date: _____

Policy #: _____ Preferred Hospital/Clinic: _____

Please list a secondary contact person & phone number (if parent/guardian is unavailable):

- I give permission for the adult leaders/pastors to seek medical treatment should an accident occur or otherwise be deemed necessary.
- I expressly waive all claims against Brooklyn United Methodist Church, pastors, and adult leaders arising from injury, accident, illness or damage that may happen in connection with a church sponsored outing.
- I give permission for the adult leaders or pastors to contact me if my son/daughter acts in a way that is disruptive or disrespectful to the others in the group, and if necessary, I will pick up and escort my child home.
- I accept responsibility to notify Brooklyn United Methodist Church of any changes to insurance policy information, contact information, and/or medical needs of my son/daughter that occur prior to August 31, 2012.

REQUIRED: PLEASE ATTACH A COPY (FRONT & BACK) OF YOUR CHILD'S INSURANCE CARD.

Parent/Guardian Signature: _____ Date: _____

Youth Covenant:

- As a child of God, I am called to glorify God fully by the way I live. As a participant at Brooklyn United Methodist Church, I will act in ways pleasing to God and consider the ways my behavior affects those around me.
- During all church programs, retreats, events and activities, I promise to be considerate of the needs of others, respect adult leaders, refrain from drugs, smoking and drinking alcohol, and refrain from inappropriate sexual conduct.

Youth Signature: _____ Date: _____

Youth Email: _____ Facebook? (Circle) Yes or No

Youth Cell Phone: _____ Grade: _____ School: _____