



Christ Church

"A Community of Faith, Hope and Love Serving as the Hands of Christ"

United Methodist

Youth Ministry Registration

Child's Name: First _____ Last _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____ Male _____ Female Other _____

School: _____ Grade: _____

Names and ages of siblings: _____

Child's Phone: _____ **Child's** Email: _____

Child's Social Media contact information: _____

Parent/Guardian #1

Name: First _____ Last _____

Address (if different from child): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Relationship to child: _____ Father _____ Mother _____ Other _____

Parent/Guardian #2

Name: First _____ Last _____

Address (if different from child): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Relationship to child: _____ Father _____ Mother _____ Other _____

Emergency/Medical Information

Names and contact information of others authorized to pick up or drop off my child: _____

Emergency Contact Information

Contact Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Medical Concerns

Does your child have any allergies and/or medical conditions of which our staff and volunteers should be aware of? If so, how should our volunteers and staff address these concerns? If your child uses an Epi-Pen or any other kind of emergency medications, please include any instruction of which we need to be aware of.

Other Concerns/Information

Does your child have any mental, behavioral, emotional, or special needs you wish to make us aware of, and is there any specific requests you would make of us to address these issues and accommodate them?

Emergency Medical Treatment

I, the undersigned Parent or Guardian of: _____
a minor, do hereby authorize Christ Church, United Methodist Youth Ministry Director or his/her appointed representative to act as my agent to consent to such diagnostic procedures and hospital care, including x-ray, medical, anesthesia, or surgery, as deemed necessary to secure and maintain the health and well-being of the above named minor, so long as an emergency is thought to exist, or the said treatment is deemed advisable by and is rendered under the supervision of a physician, surgeon, or dentist properly qualified and licensed under the laws of the state in which he or she practices. I release Christ Church, United Methodist it's staff, administrators, individual members, and volunteer leaders of any financial and/or legal responsibility due to the sickness or injury of the aforementioned minor, while going to, returning from, or attending any *youth ministry related function or event*.

Print Name: _____ Sign Name: _____ Date: _____

Information on Youth Ministry Policies and Acknowledgement

1- Mandated Reporting & Confidentiality

WE ARE MANDATED REPORTERS **AND ARE REQUIRED BY LAW TO** REPORT ANY ALLEGATIONS OF CHILD ABUSE OR NEGLECT. IN THE EVENT THAT YOU ARE NOT THE ALLEGED PERPETRATOR YOU WILL BE INFORMED AS SOON AS POSSIBLE. **WE ALSO REPORT ANY INSTANCES WHERE A CHILD MAKES A THREAT AGAINST THEIR OWN LIFE OR THE LIFE OF OTHERS** TO PROPER AUTHORITIES TO ENSURE THE SAFETY OF EVERY CHILD. IN SUCH INSTANCES YOU WILL BE INFORMED AS SOON AS IT IS POSSIBLE OF WHAT HAS OCCURRED AND THE ACTIONS TAKEN BY OUR STAFF AS A RESULT.

YOUR CONSENT FOR PARTICIPATION **DOES NOT** EXCLUDE YOU FROM BEING INFORMED ABOUT EVENTS AND ACTIVITIES. YOU ARE ALWAYS FREE TO ASK ABOUT OR INQUIRE ABOUT YOUR CHILD'S PARTICIPATION IN FUNCTIONS AND ARE WELCOME TO MEET WITH THE STAFF AT ANY TIME. NO INFORMATION WILL BE WITHHELD FROM YOU **UNLESS THERE IS A SAFETY CONCERN OR ALLEGATION OF CHILD ABUSE**. FOR MOST EVENTS PARENTS ARE ALLOWED TO SHOW UP AT ANYTIME AND MONITOR THEIR CHILD'S PARTICIPATION WITHOUT PRIOR NOTICE, **SOME EXCEPTIONS MIGHT BE MADE IN THE EVENT OF SAFETY OR SECURITY CONCERNS OR SPECIFIC CONFIDENTIAL SUPPORT GROUPS AND OR SERVICES**.

2- Emergency Policy and Medical Consents

MEDICAL CONSENTS **ARE ONLY USED IN THE CASE OF AN EMERGENCY**. FOLLOWING ANY EMERGENCY PARENTS SHALL BE CONTACTED AS SOON AS POSSIBLE. THIS DOES NOT REPLACE YOUR AUTHORITY TO MAKE MEDICAL DECISIONS AS A PARENT. WE MAY NEED TO TAKE IMMEDIATE ACTIONS IN THE EVENT OF AN EMERGENCY FOR YOUR CHILD'S SAFETY AND WELL-BEING

3- Cancellation of Events/Activities

ALL ACTIVITIES, EVENTS, TRIPS, AND FUNCTIONS OF THE YOUTH MINISTRY ARE SUBJECTED TO CHANGE IN DATE, TIME, AND CANCELAN. IN SOME INSTANCES, ONE SCHEDULED ACTIVITY MIGHT BE SUBSTITUTED FOR ANOTHER ONE OF SIMILAR NATURE. IF AN ACTIVITY OR EVENT IS CANCELED OR THE TIME OR DATE IS CHANGED THOSE SIGNED UP WILL BE NOTIFIED VIA TEXT AND THIS INFORMATION WILL BE POSTED ON THE YOUTH GROUP COMMUNICATIONS APP AS WELL AS OUR SOCIAL MEDIA PAGES. IN THE EVENT OF INCLEMENT WEATHER, SEVERE STORM, OR STATED EMERGENCY, IT SHOULD BE ASSUMED THAT EVENTS HAVE BEEN CANCELED UNLESS YOU HAVE HEARD OTHERWISE FROM THE YOUTH STAFF.

4- Behavioral Standards and Discipline Policy

YOUTH ARE EXPECTED TO MAINTAIN APPROPRIATE BEHAVIORAL STANDARDS AS WELL AS ADHERE TO BASIC CHRISTIAN STANDARDS INCLUDING **BUT NOT LIMITED TO** NO BULLYING, NO FOUL LANGUAGE, NO SMOKING, VAPING, DRUGS, OR ALCOHOL, NO SEXUAL ACTIVITY, NO PROMISCUOUS CLOTHING, AND ABSOLUTELY NO VIOLENCE OR THREATS OF VIOLENCE. ANY YOUTH VIOLATING THESE STANDARDS WILL RECEIVE A VERBAL WARNING FIRST AND THEN PARENT CONTACT. WE RESERVE THE RIGHT TO SUSPEND OR EVEN BAN YOUTH FROM A CERTAIN ACTIVITY IF THEIR BEHAVIOR IS SEVERE.

5- Safety and Security (Safe Sanctuary)

ALL MEMBERS OF THE YOUTH MINISTRY TEAM ARE BACKGROUND SCREENED. NO MEMBER OF THE YOUTH MINISTRY TEAM IS ALLOWED TO CONTACT YOUR CHILD ON THEIR OWN VIA TEXT, PHONE, SOCIAL MEDIA, **UNLESS THERE IS ANOTHER YOUTH MINISTRY STAFF MEMBER INVOLVED IN THE COMMUNICATION OR ANOTHER TEAM MEMBER HAS DIRECT ACCESS TO ALL DIGITAL/SOCIAL MEDIA COMMUNICATIONS**.

NO MEMBER OF THE YOUTH MINISTRY TEAM IS ALLOWED TO CONTACT YOUR CHILD OR BE WITH THEM IN PERSON **UNLESS ANOTHER ADULT IS PHYSICALLY PRESENT FOR ALL IN-PERSON CONTACT**. (NOTE THIS INCLUDES ENTERING BATHROOMS AT THE SAME TIME AS YOUR CHILD.)

NO MEMBER OF THE YOUTH MINISTRY TEAM IS ALLOWED TO "FRIEND" YOUR CHILD ON ANY SOCIAL MEDIA APPLICATION **EXCEPT THROUGH OUR OFFICIAL ACCOUNT OR COMMUNICATIONS APP**.

NO MEMBER OF THE YOUTH MINISTRY TEAM IS ALLOWED TO MAINTAIN **ANY PERSONAL RELATIONSHIP** WITH YOUR CHILD OUTSIDE OF SPECIFIC YOUTH MINISTRY EVENTS AND PROGRAMS

NO MEMBER OF THE YOUTH MINISTRY STAFF IS PERMITTED TO TOUCH YOUR CHILD IN ANY WAY OTHER THAN A HANDSHAKE, FISTBUMP, OR AN INVITED HUG THAT IS WITHIN FULL PUBLIC VIEW.

NO MEMBER OF THE YOUTH MINISTRY TEAM IS EVER ALLOWED TO PHYSICALLY DISCIPLINE YOUR CHILD. **STAFF MAY ONLY INTERVENE IF THERE IS A PHYSICAL CONFRONTATION OR EMERGENCY SITUATION. LAW ENFORCEMENT MAY BE CONTACTED IN THE EVENT OF A PHYSICAL CONFRONTATION, CRIME, OR CREDIBLE THREAT OF VIOLENCE**.

WE WILL **NOT** PUBLISH IDENTIFYING INFORMATION ABOUT YOUR CHILD AND ANY PHOTOS OR VIDEOS TAKEN OF YOUR CHILD WILL BE USED PURELY FOR PROMOTIONAL PURPOSES. THIS WILL INCLUDE CERTAIN INTERNAL CHURCH PUBLICATIONS OR ELECTRONIC COMMUNICATIONS AND POSTING TO POPULAR SOCIAL MEDIA SITES.

PLEASE REPORT ANY VIOLATIONS OF THESE POLICES TO THE YOUTH DIRECTOR OR LEAD PASTOR IMMEDIATELY.

I have read, reviewed, and understand each of these policies

Print Name: _____ Sign Name: _____ Date: _____

Permissions/Consents Given to Christ Church Youth Ministry Staff and Volunteers

I the undersigned duly authorized legal guardian of (child's name) _____
Do hereby give my specific consent and permission for his/her participation in *Christ Church, United Methodist Youth Ministries* and all its functions and related activities unless otherwise stated on this form. I acknowledge and accept that it is my responsibility as a parent to obtain information about these events/activities in advance before allowing my child to participate and by signing this form I am giving a blanket consent for all legal activities my child participate in that are *Christ United Methodist Church* and/or *Christ United Methodist Church Youth Ministry* functions. I give *Christ Church, United Methodist Youth Ministries staff and volunteers* my consent to obtain my child's direct contact information from my child as well as to contact my child directly via phone, text, or social media with information and invitations relating to programs and events, and to check in on my child from time to time (subjected to the safety polices stated above) unless otherwise stated on this form. I give *Christ Church, United Methodist Youth Ministries staff and volunteers* my permission to photograph and/or video my child at its events and activities/events and post these images to social media unless otherwise specified on this form. In granting my permission, I release all claims against Christ Church United Methodist and the church staff and volunteers with respect to copyright and publication, including any claim for compensation relating to publication and use of the materials.

These consents are given unless I have indicated otherwise on page 4 of this form and are good for 1 full year.

**Please not that for some trips additional permission forms and/or documentation may still be required for your child to participate **

Print Name: _____ Sign Name: _____ Date: _____

Release of liability to Christ Church Youth Ministry Staff and Volunteers

In consideration of acceptance of my or my child's application to participate in the youth ministry and its related activities, I hereby release, discharge, and agree to not sue, Christ Church United Methodist or any of their employees, contractors, volunteers, partners, or agents to the fullest extent legally possible from any injury, death, or damage or loss to personal property arising out of, or in connection with, my child's participation in any event/class/activities/trips connected with Christ Church, United Methodist from whatever cause, including the active or passive negligence of Church, United Methodist or any of their employees, contractors, volunteers, partners or agents or any other participants in the event or class. I understand that Church, United Methodist or any of their employees, contractors, volunteers In, partners, or agents does not guarantee the construction, condition, or safety of the facilities where the event or class is taking place. In consideration for being permitted to attend and participate in the events, activities, or classes, I hereby agree, for myself, my heirs, administrators, executors, and assigns, that I shall indemnify, defend and hold harmless Church, United Methodist or any of their employees, contractors, volunteers, partners, or agents from any and all claims, demands, actions or suits arising out of or in connection with my or my child's participation.

Print Name: _____ Sign Name: _____ Date: _____

THIS PORTION IS OPTIONAL

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Specific limits to the permission given:

Please write down ANY limitations to the consent you gave on direct contact with your child here:

Please write down ANY limitations to the consent you gave on photographing, videoing, and posting these images/video your child here:

Print Name: _____ Sign Name: _____ Date: _____