

Christ United Methodist Church  
**UMYF Registration Form**  
2011 – 2012 School Year

Youth Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Youth Email Address: \_\_\_\_\_ Youth Cell Phone: \_\_\_\_\_

**COVENANT**

As Christian people and representatives of Christ United Methodist Church, we commit ourselves to uphold certain ethical standards of behavior. These include:

1. Anything considered illegal for minors (persons 19 and younger) under civil law and criminal law in Utah is illegal for minors participating in the UMYF of Christ United Methodist Church. This includes tobacco use; drug use; alcohol consumption; possession of firearms, weapons, or fireworks.
2. Please stay in designated locations and places at all times and participate in activities.
3. Please respect property. Any damage to property will be the responsibility of the person(s) who cause the damage and their parents.
4. Please dress in modest/conservative clothing--No very short shorts, no spaghetti straps, no low-cut tops, no cleavage, no tummies/belly buttons, underwear showing, etc.
5. Youth and adults are required to wear seat belts when riding to & from activities away from the church.
- \*6. Please show respect to, and follow instructions of, all adult leadership. Please remember that the adults working with our youth group are VOLUNTEERS. They give their time because they care about you. Have you thanked an adult today?
- \*7. Please be kind and respectful to fellow youth. Please keep in mind that everyone here is a Child of God. Treat each other like Jesus would treat you. Pray for each other!

\_\_\_\_\_  
**Youth Signature**

\_\_\_\_\_  
**Parent's Signature**

**Parental Consent/Medical Treatment Form**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Participant: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**\*\* Please use second page to list any medical conditions or allergies (including drug / food allergies) we should be aware of during youth group activities. Thanks! Please also fill out parent survey.**

**Please list any medical conditions or allergies (including drug / food allergies) we should be aware of along with any medications taken during youth group activities.**

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**Parents: Please provide this information to assist us with carpools, and your interest to assist with various activities:**

**Make/Model of car(s) – how many passengers (not counting driver) can be seat belted in your car and do you have 4x4 and / or chains?**

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**Please list talents, hobbies, skills which you'd be interested in sharing with our youth group:**

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**Would you be willing to chaperone overnight? \_\_\_\_\_**

**Would you be willing to assist with small group devotional activities? \_\_\_\_\_**

**Would you be willing to assist with sports activities? \_\_\_\_\_ If so, which ones? \_\_\_\_\_**

**Would you be willing to help encourage your son/daughter to invite friends to come to youth group even if it might mean picking them up or dropping them off? \_\_\_\_\_**

**How else can you as a parent – partner together to help this ministry grow and support your son/daughter to grow closer to God and become Disciples of Christ? \_\_\_\_\_**

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**\_\_\_\_ I give \_\_\_\_\_ (I DO NOT GIVE) permission for my son/daughter's image/voice to be used by Christ UMC for promotional and educational purposes.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Relationship to Youth \_\_\_\_\_**