

**State Street United Methodist Church
Youth Participation
Personal Information Form**

*This form must be filled out and submitted annually.
This form is in effect from May 2009 to May 2010.*

The form was submitted or updated on _____ (Date)

Full name of youth _____ Date of Birth _____

Grade last entered _____ School _____

Parents' or legal guardians' names _____

Address _____

Home Phone _____

Place of Employment (Father) _____

Work Phone (Father) _____ Cell Phone (Father) _____

Place of Employment (Mother) _____

Work Phone (Mother) _____ Cell Phone (Mother) _____

Email (Father) _____ Email (Mother) _____

Email (Youth) _____

Please provide the information for a second person to contact in case of an emergency.

Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Medical Information

Insurance Policy Number _____

Name Policy is Under _____

Allergies/Health Concerns (Please describe) _____

Does your child take any medicines regularly? Yes ____ No ____ If Yes please explain.

Parent/Guardian Permission

I hereby give permission for photographs or videos taken of my child to be used for ministry publicity, either printed or electronic. I understand my child's name will not be disclosed.

Yes ____ No ____

I hereby give permission to adult personnel designated by State Street United Methodist Church to obtain emergency medical services including transportation to the hospital emergency room for my child if immediate medical care is necessary.

Yes ____ No ____

I hereby give permission for State Street United Methodist Church volunteers or staff to administer first aid treatment to my child in any situation encountered while my child is participating in a program with State Street United Methodist Youth.

Yes ____ No ____

I hereby give permission for my child to travel by church van and to cross state lines to participate in activities with State Street United Methodist Church.

Yes ____ No ____

I hereby agree to not hold State Street United Methodist Church, staff, or leaders accountable for any injuries resulting from my child participating in any youth activity.

Yes ____ No ____

Parent/Guardian signature

Date

Relationship to youth _____

All information will be assumed to be current. It is the responsibility of the parent or guardian to update this as needed!