## Lodi First United Methodist Church Youth Ministry 200 West Oak Street - Lodi, CA 95240 209-368-5357

Youth Registration	on		August 2023 – August 2024				
Participant's Information							
Youth Name			School Attending		Gender		
Youth E-Mail			Date of Birth		Grade		
Home Address							
City, ST ZIP Code							
( )		( )	Nickname? Other Information?				
Home Phone		Cell Phone	1				
Parent/Guardian Information							
Mother's Name			Father's Name				
Mother's E-Mail			Father's Email				
Home Address (If Different than Youth)			Home Address (If Different than Youth)				
City, ST ZIP Code			City, ST ZIP Code				
( )	( )		( )	( )			
Home Phone	Cell Phone		Home Phone	Cell Phone			
( )	( )		( )	( )			
Work Phone	FAX #		Work Phone	FAX#			
Emergency Contact Information							
Contact's Name			Primary Doctor's Name				
Relationship	nship ( ) Home Phone		Name of Doctor's Practice				
( )	(	)	Hospital Associated With	Doctor's Phone			
Work Phone	Cel	Phone					

## **Youth Agreement**

I have willingly chosen to participate in Lodi First United Methodist Church's Youth Ministry. As a participant, I will work towards fulfilling the mission of the Lodi First United Methodist Youth Ministry and toward building our group into a Christian community by...

- Participating whole-heartedly and enthusiastically in activities I attend.
- Speaking up when I have a problem, need or concern.
- Listening/Responding to the needs of others.
- Following the guidance of the adult leadership.
- Respecting other's property or rights and abiding by the house rules and consequences for choosing to violate them.
- NOT using controlled substances (alcohol, tobacco, or drugs) or promoting use of these substances in our community.
- NOT leaving the event ground at any time without an adult leader present.
- Encouraging others to understand and abide by the above covenant and striving, as a Christian, to live as a supportive member of the group and as an example of faith and belief to those with whom we are in contact.

I understand that success in abiding by this covenant will result in a positive group environment and experience. I also understand that failure to abide by any of these guidelines may result in my being sent home at my parents' expense.

## **Parent Agreement**

I have willingly chosen to participate in Lodi First United Methodist Church's Youth Ministry. As a participant, I will work towards fulfilling the mission of the Lodi First United Methodist Youth Ministry and toward building our group in to a Christian community by...

- Participating whole-heartedly and enthusiastically in the activities planned for our group, through my time and prayers.
- Prepare dinner, coordinate an event and/or chaperone at least two events during the year.
- Speaking up when I have a problem, need or concern.
- Listening/Responding to the needs of others.
- Respecting other's property or rights, and abiding by the house rules.
- NOT using controlled substances (alcohol, tobacco, or drugs) during youth ministry events.
- Encouraging others to understand and abide by the above covenant and striving, as a Christian, to live as a supportive member of the group and as an example of faith and belief to those with whom we are in contact.

I understand that success in abiding by this covenant will result in a positive group environment and experience.

Photo Release & Transportation Agreemen	t
video and audio recordings of my teen in context of my teen's recordings and photographs will be used only in programs, printe Methodist Church. I further understand that my child's full nar all efforts will be made to ensure privacy and security precautions Lodi First United Methodist Church also has my permission to trans	me will not be used in connection with photos on the internet and that is are taken.  port my teen (named above) on planned local trips away from campus and insure the safety and health of my teen. In signing this I acknowledge that I
MEDICAL RELEASE INFORMATION	
I, , the par	
Church Youth Ministry trips/activities. In the event of injury of events, I consent to reasonable emergency medical treatment as supervisors and leaders of Lodi First United Methodist Church You medications when required for injury or illness. I understand that reached to obtain consent requested for specific treatment of a magnitude participant who is 18 years of age or older cannot give consent did and leaders of Lodi First United Methodist Church Youth Ministry. In the event it becomes necessary for a Lodi First United Methodiatmiless of any claims, demands, or suits for damages arising ultimately responsible for the cost of any medical care should the	hereby willingly consent to participation in Lodi First United Methodist or illness requiring URGENT medical attention while attending youth deemed necessary. This consent includes permission granted to the adult buth Ministry to make decisions regarding administration of first aid or every effort will be made to contact me. In the event that a parent cannot be minor child by medical professionals, or in the event that a youth program use to incapacitating illness or injury, I hereby authorize the adult supervisors to give such consent.  I agree to hold such person free and from the giving of such consent. I also acknowledge that I will be use cost of that medical care not be reimbursed by health insurance.
Health Insurance Company	
	y Holder's Employer rance Company Phone Number
Youth Participant Information Current medications Allergies List any significant past or present medical concerns (example	e: asthma, diabetes, etc.)
List any dietary restrictions	Date of Most Recent Tetanus Shot
Elot unly diotally roometions	Date of Moot Hosein Foreign Street
	r activity, and I/We hereby release Lodi First United Methodist Church, its staff age to the person or property that may occur during the course of my/our
YOUTH Participant Printed Name	YOUTH Participant Signature
PARENT/GUARDIAN Printed Name	PARENT/GUARDIAN Signature
Date	_
Lodi First United Methodist Church holds Child Safin place for both Child Safety and Registered Sex Offend	ety as a highest priority. There are detailed policies and systems ders. Please check the box I f you would like to know more.