

**Mount Horeb United Methodist Church
Registration Packet for Youth Activities**

Participant(s) Child #1: _____
Child #2: _____
Child #3: _____
Home e-mail address: _____ Work: _____
Home address: _____
Phone numbers: (Cell) _____ (Home) _____ (Work) _____

Activity:

Mount Horeb United Methodist Church School Year September, 2011, through August, 2012

This form is to insure informed parent consent for activity or activities sponsored by Mount Horeb United Methodist Church. It also provides consent for treatment of minors who become ill or injured in the course of the activity or activities if a parent or guardian cannot be reached to give consent. We will make every effort to contact the parent(s) or guardian(s) named below:

Emergency Contact Information:

Name: _____
Relationship to Participant: _____
Daytime Phone: _____ Evening Phone: _____
Other Phone: _____
Address: _____

Insurance Information:

Insurance Company Name: _____
Full Name of Insured Cardholder (generally parent): _____
Birth Date of Insured Cardholder: _____
Policy I.D. Number _____ Group I.D. Number: _____
Customer Service Phone Number on back of Card: _____

***Please have a copy of your health insurance card on file at Mount Horeb United Methodist Church.**

I, the undersigned parent or guardian, do hereby give my permission for my child(ren), _____, to participate in Mount Horeb United Methodist Church activities. In order for my child(ren) to receive necessary medical treatment from medical staff, activity leaders may obtain and consent to medical treatment for such illness or injury during Mount Horeb United Methodist Church activities. I hereby release and discharge activity leaders, Mount Horeb United Methodist Church, and its designated leadership and employees from any and all debts or suits of any kind which may arise or be occasioned as a result of my child's participation in this activity or activities. I understand and acknowledge that by participating in this activity, there is the possibility of illness or injury and that my

child(ren) is/are assuming the risk for such illness or injury by his/her participation. I realize that I am ultimately responsible for paying any medical bills.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date: _____

Date: _____

Mount Horeb United Methodist Church Youth Program Participant Behavior Covenant: (To be signed by both youth and adult participants.)

As representatives of Christ and the Church, we, the participants in the Mount Horeb United Methodist Church Youth Program, take seriously our responsibility to care for one another. This covenant represents our affirmation of our concern for the wellbeing of the total community. We covenant with each other to insure the safety of all, to make our time together most meaningful, and to care for the facility which we share. In addition to our general concern for our community, we agree specifically to:

- φLeave vehicles parked and unoccupied.
- φRemain on the program site unless having been given permission to leave.
- φAttend all activities including meals.
- φOn overnight activities, observe scheduled curfew by being in rooms, quiet, and not disturbing others. Never enter the room of someone of the other gender.
- φNot use tobacco products.
- φNot bring animals, weapons, illegal substances, explosives, fireworks, alcohol or dangerous materials.
- φRespect the person, equipment and property of others. (This should be considered when considering practical jokes, water fights, etc. Do no harm to others.)
- φUse language, behavior and attitudes which are consistent with the Christian faith.
- φAgree to participate in every program session and small group meeting.

This covenant is made between each person and the whole group. I agree to follow all of the above because I desire to represent Jesus in a positive manner at all times.

Participant Signature

Parent/Guardian Signature

Date

Permission to Transport Youth with One Adult in Vehicle:

I, the undersigned parent or guardian, do hereby give my permission for my child(ren) to be transported to and/or from Mount Horeb United Methodist Church activities by Mount Horeb United Methodist Church-designated leadership and employees.

Signature of Parent/Guardian Date: _____

Re-date and re-sign as needed:

Signature of Parent/Guardian Date: _____

Signature of Parent/Guardian Date: _____

Signature of Parent/Guardian Date: _____

Signature of Parent/Guardian Date: _____

Signature of Parent/Guardian Date: _____

Signature of Parent/Guardian Date: _____

Signature of Parent/Guardian Date: _____
