

BROOK HILL UNITED METHODIST CHURCH YOUTH EMERGENCY FORM

YOUTH NAME _____

BIRTHDATE (mm/dd/yy) ____/____/____ GRADE _____

ADDRESS _____

HOME PHONE _____

YOUTH CELL PHONE _____

YOUTH EMAIL ADDRESS _____

Baptized? Yes No Confirmed? Yes No Member of BHUMC? Yes No

Parents/Guardians _____

Mom's/Guardian's Email _____ Dad's/Guardian's Email _____

Mom's/Guardian's Cell _____ Dad's/Guardian's Cell _____

Current Medications:

Does youth have allergies/medical issues/a 504, IEP or BIP/ or any conditions we need to be made aware of:

I agree to my youth's participation in activities sponsored by Brook Hill United Methodist Church Youth Fellowship and waive all claims against Brook Hill United Methodist Church and its leaders. In the event of an emergency, I give my permission for the leaders to act on my behalf in taking appropriate action for my youth.

Parent/Guardian Signature

Date

Insurance Company

Policy Number

Regular Physician (Family or Pediatrician)

Phone

★ Covenant for Youth Fellowship

I, _____ as a member participant of Brook Hill Methodist Church Youth Ministry, agree to conduct myself in a kind and considerate manner at all Youth activities and events. I agree that if my conduct is disruptive to any activity, an adult leader will first notify me of this. If my behavior does not change, I will be asked to leave that particular activity and my parents will be contacted.

Youth Signature

Date

Date Here for Yearly Review _____

