

BROOK HILL UNITED METHODIST CHURCH YOUTH EMERGENCY FORM

YOUTH NAME _____ NICKNAME _____
(First) (Middle) (Last)

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

ADDRESS _____

HOME PHONE _____

YOUTH CELL PHONE _____

YOUTH EMAIL ADDRESS _____

(PLEASE CIRCLE) BAPTIZED? YES NO CONFIRMED? YES NO

PARENTS/GUARDIAN'S NAMES _____

MOM'S/GUARDIAN'S CELL _____ DAD'S/GUARDIAN'S CELL _____

MOM'S/GUARDIAN'S EMAIL _____ DAD'S/GUARDIAN'S EMAIL _____

Family Physician _____ Phone _____

Insurance Company _____ Phone _____

Name of Policyholder _____ Policy # _____

(Please attach a copy of participant's medical card (Front and Back), if available.)

Drug or Food Allergies _____

Medications _____

Special Needs (including dietary) _____

Youth Media and Photo Release

I, _____, agree to grant to Brook Hill UMC permission to record on film, videotape, or audio tape, my participation at Youth events. I further agree that any or all of the material recorded may be used, in any form, as part of any future production(s) made by Brook Hill UMC and that such use shall be without payment of fees, royalties, special credit, or other compensation. This form shall be valid until such time that it is revoked by the undersigned. Please sign if permission is given.

Participant's Signature

Parent/Guardian's Signature

Covenant for Youth Fellowship

I, _____, as a member participant of Brook Hill United 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.

Participant's Signature

Parent/Guardian's Signature