Appendix B2

Wynnton United Methodist Church
Child/Youth Program Participation
Personal Information Form

This form must be filled out and submitted annually.

This form was submitted or updated on _____(Date)

Full name of child _____

Nickname _____

Date Of Birth _____ - _____ Grade _____ School Attends _____

Parents' or legal guardians' names _____

Address _____

Home Phone _____

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

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

Do you use text messaging? Yes____No____

Email (Father) _____ Email (Mother) _____

Email (child or youth) _____

Please provide the information above for a second parent or guardian if that information differs from any of the above.

Name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Medical Information:

Name of child's physician _____

Physician phone number _____

Insurance Information _____

Allergies? _____

Does your child take medication? ____ Yes ____ No If yes, please describe.

Additional Information
Name and phone number of additional contact in case of emergency. (This should be someone who is familiar with the family members and who would be likely to know where a parent or guardian can be located.)

Name _____ Phone _____

Participation Covenant
I understand for each activity I choose to participate, there will be guidelines I must follow. ___yes___no
I understand I will be asked to sign a covenant for the activities in which I am a participant. ___yes___no
In signing the covenants, I understand I will be choosing to abide by the guidelines given to me. ___yes___no
If I choose to break one of the guidelines, I understand I will also be choosing the consequence. ___yes___no

_____

Participants Signature Printed Name Date

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 that my child's name will not be disclosed. Yes _____ No _____

I hereby give my permission to adult personnel designated by Wynnton 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 Wynnton United Methodist Church volunteer or staff to administer first aid treatment to my child in any situation encountered while my child is participating in a program with Wynnton United Methodist Church. Yes _____ No _____

I hereby give permission for my child to travel by church vehicles to cross state lines to participate in activities with Wynnton United Methodist Church. Yes _____ No _____

I understand for each activity in which my child chooses to participate, there will be guidelines he/she must follow. ___Yes___No

I understand my child will be asked to sign a covenant for the activities in which he/she is a participant.
___Yes___No

In signing the covenant, I understand he/she will be choosing to abide by the guidelines given to him/her.
___Yes___No

If he/she chooses to break one of the guidelines, I understand he/she will also be choosing the consequence (in some instances this could involve me). ___Yes___No

_____

Parent or guardian signature Relationship to child Date

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