



Youth Ministry Contact & Consent Form 2014-2015

Youth's Name: _____

Address (including zip): _____

Date of Birth: _____ Grade: _____ School: _____

Home Phone: _____ Youth's Cell Phone: _____

Youth's email: _____ Parent's email: _____

If baptized, Baptismal Date: _____ Church/Location: _____

If confirmed, Confirmation Date: _____ Church/Location: _____

STUDENT PARTICIPATION: I am interested in the following programs:

(Please note: checking an activity here does NOT commit you to any participation!)

_____ Attending Church School _____ Confirmation Class _____ Youth Mission Trip

_____ Church School Assistant _____ Service/Outreach Projects _____ Youth Prayer Circle

_____ Diocesan Youth Events _____ Social Events _____ Acolyte and/or Reader

EMERGENCY CONTACT PERSONS:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Secondary Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

MEDICAL INFORMATION:

Primary Physician: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Medications currently taking: _____

Allergies/Medical Conditions/Dietary Issues: _____

Date of last tetanus shot: _____

Special Concerns: _____

(more on back)

PARENT PARTICIPATION: I am interested in the following programs:

(Please note: checking an activity here does NOT commit you to any participation!)

_____ Church School Teacher or Assistant*

_____ Confirmation Class Mentor or Assistant

_____ Youth Event Chaperone

_____ College Care Ministry

_____ Youth Mission Trip Team

_____ Music & Art Coordinators (special events)

_____ Adult Christian Formation

_____ Communications with Youth

*Please note: Grace's Church School program is run entirely by volunteers. All parents with children participating in the program are expected to assist in their child's classroom at least once each semester and help with special events whenever possible.

I will visit my child's classroom and sign up for at least one date each semester to be a teacher's assistant.

Parent or Guardian Signature

Date

CONSENT:

I give permission for my son/daughter to participate in activities offered by Grace Episcopal Church for the program year 2014-2015. I will not hold liable Grace Episcopal Church, the sponsors of the activities, or the Diocese of Missouri for any injuries incurred during participation. I further give permission to allow the sponsors to have my child treated in the event of injury or illness, understanding that every effort will be made to contact me before such treatment.

Parent or Guardian Signature

Date

Print Parent or Guardian Name

I give my permission for photographs of my son/daughter to be used in Grace publications. I understand the pictures may be seen on the internet and other public places.

Parent or Guardian Signature

Date

I give my permission to Grace staff members and adult volunteers to contact my son/daughter directly through email, text messages and/or phone calls.

Parent or Guardian Signature

Date