

Crestwood Youth Ministries

**Guide Book
2014-2015**

Who We Are

We are a group dedicated to following Jesus with ALL we are. We have opportunities for students in grades 6-12. We want to be a place where students can come and feel at home. We are a fun, energetic, and engaging group looking towards the Bible and God's promises for our lives.

Our Goal

At Crestwood we want to build and encourage disciples of Christ. We want to share the love of Christ with our students and the community around us. We want to build our students to be godly examples to those around them in Words, Deeds, and Lifestyles.

Our Hope

We hope that you can see Christ's love, grow in that love and find our group to be open and accepting. We hope that you can make lifelong friends and show others the GRACE and PEACE a Christ centered life can offer!

Therefore, we expect youth to

- be respectful of the adult leaders
- be respectful of our space by showing up on time, being picked up, and staying for the duration of the program
- be respectful and loving to one another in speech and action
- give adult leaders their full attention
- participate in Christian community
- abstain from public displays of affection

Our goal is to create a safe environment, therefore, we expect youth to

- ride in official youth designated transportation and not their own vehicles
- have up to date release forms, etc. etc.
- remain with the group at all times (or stay in assigned area)
- abstain from drugs, alcohol, tobacco, pornography, etc.

Our goal is to be good stewards of the resources God has given us, therefore we ask that the youth and parents

- commit to off-site trips through registration
- pay designated amount in designated time
- understand fees relative to off-site programming may be unrefundable

Crestwood United Methodist Church
Offsite Permission, Medical Release and Photo/Video Release
7214 Kavanaugh Rd. Crestwood KY 40014
(502) 241-8984

PLEASE PRINT NEATLY

Youth/Child's Full Name: _____

I give my consent for the Crestwood Youth or Children's Group Counselors, Staff and Chaperones to take my child listed above on off-site outings and trips including transportation in church-owned or personally-owned vehicles.

I give my consent to the Crestwood Youth or Children's Group Counselors, Staff, and /or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical treatment for the above named child:

Name of Parent or Legal Guardian: _____

Relationship to Youth/Child _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Name and Phone Number: _____

HEALTH INSURANCE INFORMATION:

Company: _____ Policy #: _____

Address: _____ Employer: _____

MEDICAL INFORMATION:

Local Doctor Name and Phone #: _____

Allergies: _____

Medications Being Taken: _____

Any other significant information: _____

Hospital Preference (If Applicable): _____

I also give permission for my child to be shown in photos and videos. These photos and videos can be used to share about the activities and to promote Crestwood's ministries.

Signature of Parent or Guardian: _____

Date: _____ (this authorization is effective for one year from date of signature)