



2019-2020 YOUTH MINISTRY Participation Form

Please complete the information on this form so that we can keep in touch and help ensure a positive experience for your youth.

Youth's Name: _____ Grade: _____ Birthday: _____

Mailing Address: _____

Parent/Guardian Name & Cell Phone: _____

E-Mail Address: _____

Parent/Guardian Name & Cell Phone: _____

E-Mail Address: _____

Emergency Contact Name & Cell Phone: _____

Can your youth sign themselves out of all youth events after being released by the responsible adult? **Y N**

Please read ALL of the following carefully, complete by circling Yes or No and sign:

1. In the event of an emergency, I consent to my youth's receiving medical treatment deemed necessary by the examining physician and/or CUMC: **Y N**
2. I understand that Community United Methodist Church is not liable for any actions conducted by the above youth should they leave a Community United Methodist Church-sponsored event before the scheduled ending time: **Y N**

Allergies/medical information or other concerns: *(All health information given will be kept confidential.)*

Special accessibility needed for your youth's full participation:

What do you want us to know about your youth's learning style?

CUMC sends a variety of electronic communication. We consider communication to be an important part of our ministry. If you would not like to receive any email communications with us, please initial here: _____

Parent/Legal Guardian Name *(Print Clearly)* _____

Parent/Legal Guardian Signature _____ Date _____

*Please complete the information on the reverse of this form and return it to the office.
For any questions or more information, please contact Deacon Nick at cumc.nick@gmail.com*



2019-2020 YOUTH MINISTRY Picture and Video Policy

Community United Methodist Church uses photographs or video of some of its attendees to support and enhance its ministry. These might be rehearsed or posed photographs or videos, or they might be candid photographs and videos. Their purpose might be for use in worship services or other programs of the congregation, for advertising the ministries or programs of the congregation, or to post on the congregation's web site or on other web sites in which the congregation or its committees of related organizations participate. Group or individual photographs and videos might be used.

As much as possible, Community UMC wants to obtain specific permission from each person before using a photograph or video in which that person appears. You can assist the ministries of CUMC by allowing us to use the photographs and videos of you. If you are a parent or guardian of a person under 18 years of age, you must give your permission for us to use photographs and videos of your youth.

By signing your name below, you permit Community UMC to utilize photos and/or video images of your youth for the reasons stated above. This permission applies to any photographs or videos taken during the 2019-2020 program/academic year.

Name of Youth (*Print Clearly*) _____

Parent/Legal Guardian Signature _____ Date _____

*Please complete the information on the reverse of this form and return it to the office.
For any questions or more information, please contact Deacon Nick at cumc.nick@gmail.com*