

2021-2022 Communication Form

If this form is not turned in, not completed in full, or not clearly written, it could prevent you or your youth from receiving all methods of communication from the St. Luke Youth Program.

Youth's Name (First and Last): _____

YOUTH's Cell Phone number: _____

Youth's Grade for the **2021 -2022** School Year: _____

Youth's School for the **2021- 2022** School Year: _____

Birthday & Mailing Address: This will be used for Birthday cards youth receive, they will only receive a Birthday card if their Birthday and Mailing Address is completed in FULL and clearly listed on this document.

Birthday: (Month)_____ / (Date)_____ / (Year)_____

Mailing Address:

Email List: Please Write Clearly

Please List ALL emails that wish to receive emails about the Youth Program at St. Luke. If you have been a part of the email list in the past, it does NOT carry over, and you must fill out this form entirely. If you have more than 5 emails that you wish to receive emails concerning St. Luke UMYF, please continue to list them on the back of this page.

If you DO NOT receive a test email by _____, Please contact the Youth Pastor at (919) 776-2012.

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

Parent/ Guardian Contact: Please list at least 2 numbers you can be reached at while we are on a retreat.

Name: _____ Phone numbers: _____

Name: _____ Phone Numbers: _____

**Saint Luke United Methodist Church Permission
Release Form 2021-2022**

I do hereby certify that my child, _____, has permission to:

Participate in all trips planned by St. Luke UMC from **July 1, 2021 to July 31, 2022.** ___yes ___no

Have their pictures in the church newsletter, television, website, or social media in association with St. Luke (their names will not be used) ___yes ___no

I understand that it is the expectation of St. Luke UMC that my child will remain for the duration of the scheduled event unless their parents notify the Youth Director, prior to the day of departure, of the youth's early exit from the scheduled event.

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with St. Luke Methodist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/ permission is given for treatment by a competent medical personnel.

Further, and unless specified otherwise, consent/ permission is hereby given to all accompanying adult volunteer leaders to secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of a qualified medical personnel). Consideration should be given to those adults in attendance with the group.

I understand that St. Luke United Methodist Church does not carry accident or medical insurance on participation volunteers. I agree that my insurance company will be used for such medical expenses. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance and that I am responsible for the payment of any medical bills.

Please sign below in the presences of a Notary Public.

Signature of Legal Guardian

Signature of Legal Guardian

Date Signed

Date Signed

Personally appeared before me, _____, A Notary Public of _____ County in the State of _____
_____. The persons who signatures appear above and with whom I am personally acquainted and
acknowledge that he/ she executed the within instrument for the purposes therein contained.
Witness my hand and official seal this _____ day of _____, 20____.
(Signature and Date of Notary Public)_____

My Commission expires:

Medical Information:

Date of last Tetanus Shot : _____

Insurance Company: _____ Phone Number: _____

Policy Number: _____ Policy Holder's ID #: _____

Physician: _____ Phone Number: _____

Address: _____
(Number, Street, City , State, Zip)

Dentist : _____ Phone Number: _____

Address: _____
(Number, Street, City , State, Zip)

<p>Please list any ALLERGIES the youth may have:</p>	<p>Please list any special health problems/ concerns:</p>
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PLEASE ATTACH A COPY OF THE YOUTH'S HEALTH INSURANCE CARD:



Saint Luke UMC Youth Conduct Covenant

As either a member of Saint Luke UMC or the Saint Luke UMC Youth program I agree to uphold the following covenant in all my action while a part of all events with Saint Luke United Methodist Church, and signing this document is my agreement to this covenant.

Sunday Night Youth Standards of Conduct:

- I will respect ALL areas of the church or any other places we may be.
- I will not be on my phone for the short hour and half I am with my youth group. I acknowledge that this is a sacred time and a time of fellowship and I would not want to hinder that time with an unnecessary distraction.

General Standards of Conduct:

- I will participate in all activities unless excused by an adult leader.
- I will respect and follow any and all directions given by an adult leader or chaperone.
- I will not leave the designated area of activity unless with permission of an adult leader and only then in the company of another person.
- I will arrive at the prearranged place at the prearranged time.
- I will not engage in any excessive displays of affection or any sexual activity.
- I will not bring anything considered illegal for minors under the civil law or law to any youth event. This includes but is not limited to: tobacco, vape, e-cigs, any other smoking device, drugs, alcohol, firearms, weapons, and fireworks.
- NO social media posting or sharing on real or fake profiles, sharing text messages, photos, or videos that reflect poorly on St. Luke UMC, the youth program at St. Luke, the St. Luke Youth Director, St. Luke UMYF Counselors, or fellow peers.
- My conduct, language, and appearance (including dress) will be in keeping with the highest Christian regard for all persons- including myself.
- Youth can not drive themselves or any other youth to any overnight event or retreat.
- NO derogatory comments to anyone about someone's gender, race, age, nationality, sexual orientation, or any other social created classification.
- While on a retreat all the rules on this document plus whatever are given by the Youth Director or other adult counselors. This includes, but is not limited to...
 - * No one outside of the St. Luke UMYF Program is allowed in the youth's rooms at retreats.
 - * No leaving the room after curfew or while the rooms are locked and taped.
 - * Doors to hotels rooms must remain COMPLETELY OPEN while members not assigned to that particular room are in the room.

_____ (please initial) As a parent, I understand that if the word gets to a counselor of an infraction being done by your youth that the counselor with the youth director will call and tell what is happening, and depending on the situation may ask you to come and pick up your youth **immediately**

_____ (please initial) As a youth, I understand that if I break any rules or am suspected of breaking any rules written in this document or given by the Youth Director or any Youth Adult Leader at any given time, **my parents may be contacted and I could be sent home.**

Youth Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____