



2022-2023 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 2022-2023 School Year: _____

Youth's School for the 2022-2023 School Year: _____

Please list ALL social media platforms your child currently uses if any (i.e. Facebook, Instagram, etc.)

Birthday & Mailing Address: This will be used for the 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: (Number, Street, City, State, and Zip)

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 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 Noon Wednesday, September 14, please contact Pastor Jim at (919) 776-2012.

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

Parents/Guardians: Please list at least **2 phone numbers** you can best be reached at while we are on a retreat.

Name: _____

Phone Numbers: (____) _____ - _____ (____) _____ - _____

Name: _____

Phone Numbers: (____) _____ - _____ (____) _____ - _____

Youth's First and Last Name: _____ Grade: _____

**Saint Luke United Methodist Church Medical
Release Form 2022-2023**

Expires July 31, 2023

Note: filling out this form will **NOT add you to the email list, please fill out the communication form to be added to all of our communication outlets. Please write clearly.*

Youth's Name: _____
Last First Mid. Init.

Date of Birth ____/____/____

Youth's Primary Address: _____
(Number, Street, City, State, Zip Code)

Parent/Guardian: _____
Last First Mid. Init.

Relationship to Youth: _____

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

Home Phone Number: _____ Parent Cell Phone Number: _____

Primary Email Address: _____

Parent/Guardian: _____
Last First Mid. Init.

Relationship to Youth: _____

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

Home Phone Number: _____ Parent Cell Phone Number: _____

Primary Email Address: _____

Alternate Contact in case of Emergency *(this person will be called with the above parent(s)/guardian(s) cannot be reached)*

Name: _____ Relationship to Youth: _____

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

Home Phone: _____ Cell Phone: _____

Date of Last Tetanus Shot: _____

Insurance: _____

Phone Number: _____

Policy Number: _____

Policy Holder's ID #: _____

Physician: _____

Phone Number: _____

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

Dentist: _____

Phone Number: _____

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

Please list any Allergies the youth may have:	Please list any special health problems/concerns:
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****Please attach a copy of the youth's insurance card***

**Saint Luke United Methodist Church Permission
Release Form 2022-2023**

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

Participate In all trips planned by St. Luke UMC from August 1, 2022 to July 31, 2023 ___yes ___no

Have their picture in the church newsletter, television, website, or social media in association with St. Luke UMC (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 United 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 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 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 presence 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 whose 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:

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 actions while a part of all events with Saint Luke United Methodist Church.

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 the 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 civil or law to any youth event. This includes but is not limited to; 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 UMC Youth Pastor, 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.
- No derogatory comments to anyone about someone's gender, race, age, nationality, sexual orientation, or any other social created classification.

Sunday Night Youth Standards of Conduct:

- I will respect ALL areas of the church or any other place we may be.
- I will not be on my phone for the short hour and a half I am with my youth program. 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.

Youth Retreats/Lock-in/Overnight Events/Other Events

- I will abide by the rules given to me before each retreat as well as those already listed.
- Youth cannot drive themselves or any other youth to any overnight event or retreat.
- 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 hotel rooms must remain OPEN while members not assigned to the particular room are in the room.

Youth Signature _____ Grade _____ Date: _____

Parent Signature _____ Date: _____

Youth Director's Signature _____ Date: _____