

Youth Ministry Registration Form

Please complete this form for all children participating in children's ministry.

Last Name	First Name	DOB	Male or Female

Parent(s)/Guardian(s): _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Primary Number: _____ Secondary Number: _____

Email Address: _____

Emergency Contact: _____

Relationship to Participant(s): _____

List any court-appointed restrictions:

Those authorized to pick up my child are:

Youth Ministry Medical Form (Please fill out for each child)

Child's Name: _____

A. Does your child experience any of the following (if yes, please explain):

1. Allergies Yes or No Explain_____
2. Heart Condition Yes or No Explain_____
3. Diabetes Yes or No Explain_____
4. Headaches Yes or No Explain_____
5. Seizures Yes or No Explain_____
6. Motion Sickness Yes or No Explain_____
7. Fainting Yes or No Explain_____
8. Upset Stomach Yes or No Explain_____
9. Other: (please list)_____ Explain:_____

B. Does your child have a reaction to (if yes, please explain):

1. Bee Stings Yes or No Explain_____
2. Penicillin Yes or No Explain_____
3. Medications Yes or No Explain_____
4. Poison Ivy/Oak Yes or No Explain_____
5. Peanuts Yes or No Explain_____
6. Other: (please list)_____ Explain:_____

Youth Ministry Medical Form cont.

C. Please answer the following:

1. Does your child have any condition that would prevent him/her in participating in any activities? Yes or No **(If yes, explain)**

2. Does your child take any prescription medications? Yes or No **(If yes, explain)**

3. Does your child have any sight or hearing impairment? Yes or No **(If yes, explain)**

4. Has your child been diagnosed with any mental health condition? Yes or No **(If yes, explain)**

Please indicate any other pertinent information that the youth staff should know about your child:

By signing below, I confirm that all the information listed on this form is truthful and accurate. I understand that the youth ministry is concerned about the health and safety of my child and will follow the guidelines of this form in concerns to my child. I understand that neither the youth ministry, nor does True Vine Ministries accept any responsibility in the event that my child gets hurt or sick.

PLEASE SIGN:

(Parent/Guardian) **(Date)**

(Parent/Guardian) **(Date)**

PERMISSION SLIP

PERMISSION/MEDICAL RELEASE FOR

NAME _____ **PHONE** _____

ADDRESS _____ **CITY** _____

ZipCode _____ **Birth date** ____/____/____ **Grade** _____

School _____

PARENT/GUARDIAN'S NAME _____

VISITOR? WHO INVITED YOU? _____

I GIVE PERMISSION FOR MY CHILD TO JOIN THE YOUTH OF **TRUE VINE MINISTRIES OF FAYETTEVILLE, NC**, IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

PARENT'S
SIGNATURE: _____

Today's Date Month _____ Day _____ Yr _____

EMERGENCY PERSONS & PHONE NUMBERS:

NAME: _____

PHONE# _____

NAME: _____ **PHONE#** _____

MEDICAL INFORMATION: (REQUIRED FOR ALL OFF-CAMPUS ACTIVITIES)

ALLERGIES

MEDICATIONS BEING TAKEN

PHYSICAL HANDICAPS

MEDICAL INSURANCE Co.

NAME OF POLICY HOLDER _____ **POLICY #** _____

YOU WILL NOT BE ALLOWED TO GO ON ANY YOUTH TRIP OFF-CAMPUS WITH TRUE VINE MINISTRIES WITHOUT A PERMISSION SLIP SIGNED BY YOUR PARENT/GUARDIAN ON FILE.

YOUTH MINISTRY GUIDELINES

The following are the guidelines of the Youth Ministry of True Vine Ministries. These guidelines are in the best interest of the total ministry of the Church and they will be firmly, yet lovingly, enforced.

1. Enjoy yourself.
 2. Youth will respect the authority of each adult involved in the Youth Ministry. In the event that this respect is not given, parents will be immediately informed.
 3. In light of the spiritual focus of the Youth Ministry, only Christian music will be played on trips. (The use of any personal listening devices will be at the discretion of the Youth Leaders.)
 4. Modest one-piece swimsuits for girls and shorts and T-shirts for guys will be the standard for any pool or water activities. Chaperones will decide on questionable attire.
 5. Everyone's shorts are to be school standard (finger-tip level while standing with arms extended straight down). Biking shorts will be worn only underneath "finger tip" shorts.
 6. T-shirt messages are to be wholesome. (The Christian lifestyle does not promote the lifestyle of most secular society.)
 7. No draping, hanging on, sitting on, or kissing between students.
 8. Use trash containers provided. Please don't throw trash anywhere other than the containers provided. All groups will clean the vehicles and facilities used before the end of the trip or program.
 9. For your safety, do not wander the halls or parking lots. Please be at all scheduled activities you are involved in. (Parents will be notified by the Youth Pastor for infractions of this rule.)
 10. No tobacco products, alcohol, or other controlled substances.
- If a discipline problem is deemed serious enough, the youth will be sent home at the parent's expense.
 - I have read and agree to follow these guidelines.

Youth Signature

Date