

St. Paul United Church of Christ Youth Ministries



Please check which group (s) your student will be participating in this year:

- ☐ Youth Group (6th -12th grade) Wednesday 7-8 pm
- ☐ Confirmation (8th grade) Wednesdays 7-8 pm
- ☐ Splash (4th-5th grade) Wednesdays 5:30 pm -6:30 pm
- ☐ Sunday School (potty-trained and up) Sundays 9-10 am

Permission to Participate 2023-2024

Name of Student _____ Age _____ Birth Date _____

Home Phone _____ Student Cell Phone _____ Can we text them? **Y or N**

Address _____ School _____ Grade for 23-24 _____

Parental/guardian name _____ Phone _____ Can we text you? **Y or N**

Parental/guardian name _____ Phone _____ Can we text you? **Y or N**

Parent/guardian Email (you will be added to our email list) _____

Emergency Contact (if parent can't be reached) _____ Phone _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by St. Paul United Church of Christ in New Bremen, Ohio during the 2023-2024 school year, as well as the summer of 2024. I understand that by signing this paper I will be notified of events sponsored by the church, but will not be required to sign a permission form for each activity.

PERMISSION TO BE TRANSPORTED:

I understand that these church-sponsored activities could include weekly youth group meetings, but also events outside of the church, which require my student to be transported to and from the event, such as nursing homes, restaurants, and other trips.

Signed _____ Date _____

STUDENTS IN LIVE STREAMING/ VIDEOTAPE/ PHOTOGRAPHS:

Throughout the course of the year, students will be live streamed/ videotaped/ photographed in individual or group activities for worship, newsletters, newspaper, Facebook, website or other church publications.

Unless we are notified in writing, students are assumed to have given permission for us to use their picture in connection with church or church-related activities and to put the pictures to any legitimate use without limitation, reservation, or compensation.

Signed _____ Date _____

DISCIPLINE POLICY FOR ALL PROGRAMS:

Because of the nature of our programming, it is important for us to have a discipline plan in place. Rules will be discussed on the first day of each program, and on an as-needed basis after that. Please ask if you every have any questions or concerns.

I understand the need for a discipline plan for Sunday School, Splash, Youth Group and Confirmation.

I agree to comply, and will do my best to follow the rules and make our church a welcoming environment for me and for others:

Student Signature_____ **Date**_____

I understand it is my responsibility to communicate acceptable church behavior with my student.

Parent/Guardian Signature_____ **Date**_____

Does your student have any medical, dietary, or social needs we should know about? Please explain below (please include any allergies to food or medicine at this time):

Please complete EITHER Part I or Part II below:

PART I: GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by doctor_____, dentist_____, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and, (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Parent/Guardian Signature_____ **Date**_____

PART II: REFUSAL TO CONSENT (DO NOT COMPLETE IF YOU COMPLETED PART I).

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church leaders to take the following action:

(MUST BE COMPLETED IF REFUSING CONSENT FOR TREATMENT)

Parent/Guardian Signature_____ **Date**_____

- **It is important that this form be filled out in its entirety for each child attending student programming in case we need to contact parent/guardian for any reason.**
- **Sunday School will resume Sunday, September 10 at 9 am, youth will worship together at 10:15, lunch to follow.**
 - **Youth group and Confirmation to begin Wednesday, September 13th**