

2016-2017 CUMC STUDENT INFORMATION & ACTIVITY COVENANT

Student's Name: _____

Address: _____ City/Zip: _____

Home Phone: _____ Student Cell Phone: _____

Cell Carrier (ATT, C-Spire, Verizon, etc): _____

Student E-mail: _____

School: _____ Grade: _____

Birthday: ____/____/____ Gender: _____

Does your family attend another church regularly? _____ If so, where? _____

Parent's Names: _____

Address: _____ City/Zip: _____

Home Phone: _____

Mother Cell: _____ Cell Carrier: _____

Father Cell: _____ Cell Carrier: _____

Mother E-mail: _____

Father E-mail: _____

Other Address (if needed): _____ (mother/father)

City/Zip: _____ Home Phone: _____

CUMC Youth Ministry Activities Covenant

The following guidelines are in place to assure the best possible experience on church activities and events. Please read the following guidelines for CUMC Youth Ministry activities and sign below.

1. I will obey the following rules:
 - No being out of the cabin/room after stated curfew (retreats and trips).
 - No gambling activities or perceived gambling activities.
 - No video games or laptop computers
2. I understand that the following is not appropriate in any form for a CUMC activity and that if I ignore these guidelines, I may be dismissed from the activity:
 - Willfully vandalizing, in any way, property, whether it is the church's or someone else's
 - Cruelty to or intimidation of another student.
 - Possession or use of tobacco, alcohol, any other type of drugs or drug paraphernalia.
 - Possession or use of fireworks or weapons.
 - Possession or use of pornography, in any form.

I will follow the above guidelines and respect the CUMC leadership. I understand the consequences if I choose not to follow the rules.

Student Signature

Date

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2016-2017 CUMC MEDICAL INFORMATION FORM

NOTE: This form seeks authorization to make medical related decisions for your child when attending activities and events sponsored in whole or in part by Christ United Methodist Church during the 2016-2017 ministry year. Unless specified below, this authorization, when signed by any parent or guardian, will remain in full force and effect for any CUMC activity or event until expressly revoked in writing and delivered to the Office of Youth Ministry at CUMC.

Name of Child: _____

Child's Date of Birth: _____

The above child is covered under hospitalization insurance

with _____ (name of company) pursuant to
Policy No. _____ in the name of

Family Doctor is: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____

Reaction to drugs: _____

Allergies: _____

Physical defects or limitations: _____

Blood type (if known): _____

Other medical information which might be necessary to the proper care of this
child: _____

Any medicine which the child is presently taking: _____

Parents Name: _____

Address: _____

Telephone: _____

I, the undersigned, being the Father/Mother of _____, a minor child, do hereby authorize the CUMC Youth Ministry to make provision for any medical care which may be deemed necessary by a licensed physician for said child and to make decisions or give any other consents which may be necessary for the health and welfare of said child at any time.

Parent Signature

Date

THIS FORM DOES NOT NEED TO BE NOTARIZED