



Christ United Methodist Church

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Minister to Children,
Youth and Family
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Rochester, MN 55902
507-289-4019 ext 114

2011-2012 YOUTH ASP Registration

Name

Grade

Home Address

Email Address (please print clearly!)

Home Phone

Youth

Mobile Phone

Parent's

Parent's Information

Mother's Name _____

INFO ABOUT YOU!

Address _____

Birthday _____

Home Phone _____

School _____

Work Phone _____

Extracurricular activities

Father's Name _____

Address _____

Home Phone _____

Work Phone _____

Please indicate if you would like church mail to be sent to an additional address.

I give permission for my youth's image to be used in CUMC publications, video or website.

Parents signature. _____



Making Homes Warmer, Safer and Drier
Transforming Lives

Christ United Methodist Church Youth Event Permission and Medical Release

Event _____ ASP Program _____ Date(s) _____ September-May 2011-2012

As Parent or Guardian OF (name of student) _____

Address _____

Date of Birth ____/____/____ Age ____ Grade ____

Parents Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Emergency Contact Name (other than parent) _____

Home Phone _____ Work Phone _____

Medical Insurance Company _____

Billing Address _____ City _____ Zip _____

Policy Number _____

Doctor's Name _____ Phone () _____

Please indicate below any medical needs the youth staff should be aware of:

Allergies (please include insects, food and/medications)

Any illnesses (asthma, bleeding, cold, flu)

Any physical restrictions we should be aware of?

I authorize my son/daughter to attend the above event. In the event a medical emergency arises, and the emergency contact or myself cannot be reached by phone, I authorize Christ United Methodist Church and its agents to provide for my son/daughter. I also understand that all over the counter medications listed on the back of this sheet that I have checked can be administered, by an adult counselor, to my child as needed. **PLEASE CHECK MEDICATIONS ON THE BACK OF THIS FORM.** I have also read and agree with the expectations listed below and will support Christ Church in administering an appropriate consequences if expectations are not followed.

Parent(s) or Guardian(s) Signature _____ Date _____

To ensure an outstanding Christian experience for everyone, we ask that the student read the following expectations.

- There will be no possession or use of drugs (including alcohol or tobacco) and no inappropriate sexual activity.
- Respect of group leaders, adults, peers, staff and facilities is expected at all times.
- Potentially harmful or dangerous behavior and weapons of any kind will not be tolerated.

I _____ (student's name) have read the expectations and I agree to abide by them. I understand that any behavior that breaks an expectation will be dealt with immediately.

Student's Signature _____ Date _____

Please complete the following for your child as needed. The following over-the-counter medications will be provided by Christ Church, in our medical kit. We will be happy to dispense any over the counter medications to youth as needed. If your child requires a different OTC medication, please feel free to bring it, but understand that it will be collected and disbursed to your child as needed.

Over-the Counter Medications

My child, _____ can be administered the following over-the-counter medication(s) for the appropriate symptoms, according to the directions.

- ___ Tylenol (pain/fever)
- ___ Ibuprofen (pain/fever)
- ___ Pepto Bismol (stomach disturbance)
- ___ Sudafed (decongestant)
- ___ Cough/Cold, sore throat lozenges
- ___ Calamine Lotion (anti-itch cream)
- ___ Hydrocortisone cream (anti-itch)