

# 2019-2020 Youth Ministry Information Sheet

Owosso First United Methodist Church

1500 N Water St, Owosso MI 48867

Please Complete and Return to Aaron Lobb, Coordinator of Youth Ministry

## Student Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ Email \_\_\_\_\_

Home Phone # \_\_\_\_\_ Student Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender M or F Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_

T-shirt Size \_\_\_\_\_ Have you been baptized? \_\_\_\_ Confirmed? \_\_\_\_

## Special Interests or Hobbies

Do you play an instrument? \_\_\_\_ What do you play? \_\_\_\_\_

Are you in any music or theater groups? \_\_\_\_ What group(s)? \_\_\_\_\_

What sports or games do you like to play? \_\_\_\_\_

Are you in any clubs? \_\_\_\_ If so, what clubs? \_\_\_\_\_

Is there an activity or event you would like the youth ministry to consider doing?

\_\_\_\_\_

## Parent/Guardian Information

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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**Emergency Contact Information**

If parent/guardian cannot be reached, please contact:

|                   |       |       |       |
|-------------------|-------|-------|-------|
| Name/relationship | work# | home# | cell# |
| Name/relationship | work# | home# | cell# |

**Parental/Guardian Permission for Youth Activities & Publication Release**

I, \_\_\_\_\_, give my child permission to attend Youth Activities sponsored by Owosso First UMC between September 1, 2019 and August 31, 2020. I understand that the Youth Director or a trained volunteer will provide leadership during the activities. I agree to give emergency information to the adult in charge if it is different from the information submitted on this form. In addition, I authorize Owosso First UMC to use pictures of my child for church-related publications, e.g. church website, Facebook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Consent**

We the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, acknowledge that this form is filled out to the best of our ability and do hereby authorize a youth ministry adult worker of Owosso First UMC as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment or hospital care which is rendered under the supervision of any physician, surgeon, or dentist whether diagnosis and treatment is in a hospital or office of said physician.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Insurance Information**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

**Medical Information**

Please put an "X" in the appropriate circle, specify where indicated:

- Allergies-please specify type and reaction: \_\_\_\_\_
- Other Health Concerns/Conditions: \_\_\_\_\_
- Medications Taken Daily: \_\_\_\_\_