

Youth Discipleship

Participation Form

This annual form allows youth full participation in any and all Youth Discipleship programming for 2021. This includes weekly discipleship events, fellowship events, mission and service projects, retreats, camps, and fundraising opportunities.

Basic Information

Participant's Full Name

Participant's Preferred Name

Participant (Youth) Cell Phone Number

Home Phone Number

Home Address

Street Address: _____

City: _____

State:

Zip Code:

Additional Information

Participant Date of Birth: /

Participant Class/Grade:

6th 7th 8th First Year Sophomore Junior Senior

Participant Email

Email is for Youth Discipleship communication only and will not be shared. Primary use is for sharing links to virtual meeting space and information about upcoming events. This can be added at a later date.

T-Shirt Size:

S M L XL XXL Other_____

Dietary Restrictions:

Other Allergies/Medical Needs:

Parent/Guardian Information

At least one Parent/Guardian must be listed on this form.

Parent/Guardian Name

Parent/Guardian Number:

Parent/Guardian Email:

Home Address (if different than Participant's)

Street Address: _____

City: _____

State:

Zip Code:

Parent/Guardian Name

Parent/Guardian Number:

Parent/Guardian Email:

Home Address (if different than Participant's)

Street Address: _____

City: _____ State:

Zip Code:

In Case of Emergency

Name(s) of Emergency Contact:

Relationship to Participant:

Grandparent Aunt/Uncle Step-Parent Sibling Cousin Non-familiar

Emergency Contact Number(s):

Preferred Local Hospital: _____

Insurance Information *(Picture or Copy of Insurance Card is preferred.)*

Name of Provider: _____

Provider's Street Address: _____

City: _____

State:

Zip Code:

Provider's Phone Number:

Primary Insurance Holder's Name: _____

Policy ID/Number:

Group ID/Number:

Permission to Transport

Individuals not previously listed on this form with permission to pick up the Participant.

List full names. Names may be added at a later date if needed.

Name: _____

Name: _____

Name: _____

Name: _____

Release Details

My child/ward's participation in Youth Discipleship grants Topeka First UMC and the Great Plains UMC and there agents the rights to utilize photos, videos, testimonials, etc. of my child/ward for marketing purposes in print, on the Internet, etc.

Yes

No

I hereby and herein authorize the Topeka First Director of Youth Discipleship, or any agents working on their behalf, to act in my stead for the purpose of acquiring emergency medical attention for my child/ward. I impose upon the assumptors of this duty, the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the event. By my signature hereunder, I warrant that my child/ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in Youth Discipleship. I also represent that my child/ward has received a physical within the last year and is medically competent to participate in the activities at an Youth Discipleship offering. Having read this waiver and knowing these facts and in consideration of your accepting my child/ward's participation in Youth Discipleship, I waive and release Topeka First UMC, and any individuals or organizations who assist or support this ministry from liability for illness, injuries or damage my child/ward may suffer as a result of participation in this program.

I have read and understand the statement above.

COVID Precautions

With COVID-19 still being a risk for all persons my child/ward will follow the protocols below for the health, safety, and love of others for in-person events. (All must be checked or marked)

- Complete a temperature check upon arrival
- Follow Social Distancing (staying 6 ft. apart whenever possible)
- Where a mask when out in public, Social Distancing is not possible, singing in worship, etc.
- Wash hands frequently (before, during, and after events)
- Help sanitize spaces after being used

Signature

Signing your name below represents your official signature; agreeing that all information given above has been answered truthfully. (If under 18 years of age, the parent/guardian name below must match one of the parent/guardian names given above.)

Participant Signature:

Today's Date:

Parent/Guardian Signature:

Today's Date:
