



## Asbury United Methodist Church (AUMC) Youth Ministry Consent Form

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

**Please Print**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of emergency, please contact:

(#1) \_\_\_\_\_ Phone \_\_\_\_\_

(#2) \_\_\_\_\_ Phone \_\_\_\_\_

### **Medical Information: (Please include a copy of your insurance card)**

**Immunization Record:** Please list the date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check those medications that AUMC staff/volunteers may distribute to your student. Note that medications will not be distributed without parent/guardian permission.

**Over-the-Counter Medications:**

\_\_\_\_ Headache relief (e.g. Tylenol, Advil, Aleve) \_\_\_\_ Digestive pain relief (e.g. Tums)

\_\_\_\_ Cold, allergy, and sinus relief (e.g. Sudafed, Benadryl) \_\_\_\_ Motion sickness relief (e.g. Dramamine)

Please list all allergies and all medications, both over-the-counter and prescribed, that student is currently taking:

\_\_\_\_\_  
\_\_\_\_\_

### **Photo/Video Release (please choose one)**

**PERMISSION GRANTED:**

I hereby grant permission for my Teen to be photographed and/or videotaped during Asbury Youth Ministry activities and events. I understand that my Teen may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Asbury Youth Ministry and/or Asbury United Methodist Church.

Parent/Guardian Name: \_\_\_\_\_

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

**PERMISSION DENIED:**

I hereby decline to grant permission for my Teen to be photographed and/or videotaped during Asbury Youth Ministry activities and events. I have instructed my Teen to decline to be photographed and/or videotaped at all times. I have further instructed my Teen to notify Asbury Youth Ministry Leaders and/or Team Members that he/she may not be photographed and or videotaped under any circumstances.

Parent/Guardian Name: \_\_\_\_\_

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

## Parent/Guardian Consent & Liability Release

"Having been made aware of the activities the participant will be doing, I hereby consent to his/her participation. I voluntarily release and forever discharge Asbury United Methodist Church (AUMC) from any and all liability, claims, actions, or rights of action which are in any way related to participation in the event activities. I agree to indemnify and hold AUMC harmless from any and all costs or damages, including attorney fees, incurred in connection with participation in event activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against AUMC arising from participation in event activities. I agree to submit any such claims or causes of action to a Christian conciliation/mediation organization for binding resolution. In case of emergency, I understand every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant am 18 years of age or older, I hereby give AUMC permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I release AUMC from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the participation in event activities."

Parent/Guardian Name: \_\_\_\_\_

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

## Youth Covenant

As a participant, I agree to:

- Be sincere in my motives for attending and to make foremost the goals of personal growth & Christian fellowship.
- Not bring or use any alcohol, tobacco products, illegal drugs, or weapons.
- Not participate in any behavior that endangers other participants.
- Not be in the housing of the opposite gender at any time.
- Be in my room by curfew each night.
- Follow all rules.
- Exhibit appropriate and respectful behavior, attire, and language.

Youth Name: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Covenant and Release

**This must be signed by the parents/guardian of youth participants under 18 years of age.** As a parent or guardian of a participant, I agree to assume full financial responsibility for any damages which my son or daughter might inflict; and for transportation if my son or daughter must be sent home early for any reason.

Parent/Guardian Name: \_\_\_\_\_

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

**This form must be turned in \*with a copy of your insurance card  
to the Asbury Youth Ministries department  
by due date for the particular event.**

**Each person attending must read and sign the CCYM Covenant:**

## **Our Covenant of Behavior for Louisiana CCYM Events**

I agree as a participant in a Louisiana Conference Council on Youth Ministry event to follow certain standards. I will not bring nor consume/discharge alcohol, tobacco, illegal drugs, fireworks, or firearms, nor will I engage in inappropriate sexual behavior, or intentionally cause the destruction or abuse of any person or property.

I understand & agree that electronic devices such as games, phones, computers, iPads, MP3 players, etc. are to be used only during free time and in a manner consistent with the purpose of this event. (i.e. no profane, violent, drug related or sexually explicit material.) I am responsible for the security of any personal property and will be responsible for any loss or damage. The Wesley Center will be providing my meals. I am not to have food sent or delivered to this event. I agree to follow the daily schedule at all times, and at no time will I leave the event site. I understand that there will be no visitors allowed (including family and relatives) while this event is in progress without prior approval of Director and that there will be no visitation in rooms designated for the opposite gender whether youth or adult.

If I should not act in accordance with this covenant, I realize that I may be disciplined at the event director's discretion, up to expulsion from event, suspension from the next two Louisiana Conference Youth events and the assumption of legal or financial liability. By my signature on this registration form, I am indicating that I have read this covenant and accept my end of the agreement, with the expectation of an event experience leading to my spiritual growth and enjoyment.

Adult counselors have the primary responsibility for behavior of their group & agree to follow the same covenant of behavior as the youth.

**Agreement:** The following signatures indicate both participant and parent/guardian (if applicable) agree to enter into the Covenant as printed in this brochure, and that this "Registration Form" and all event information has been read and understood.

\_\_\_\_\_  
**Participant Signature and Date**

\_\_\_\_\_  
**Parent/Guardian Signature (if applicable)  
and Date**

\_\_\_\_\_  
**Pastor or Youth Director/Coordinator Signature and Date**

**YSF STORE ITEMS:**

Sweatshirts  
T-shirts (short sleeve)  
T-shirts (long sleeves)  
Hats  
Sunglasses  
Pajama Pants  
Blankets  
Candy Grams

**YSF AUCTION:**

Baked Goods  
Retreat Memorabilia