

Today's Date: _____

Children & Youth Ministries Form

Harmony United Methodist Church
6487 South County Road 19
Tiffin, Ohio 44883
419-447-5552

Participants Full Name: _____ Grade: _____ M/F Birthday _____

Address: _____ City: _____ State/Zip: _____ Home Phone #: _____

Allergies: _____

Home Church: _____

Is Participant under any medical care? _____

Does Participant have any activity restrictions? _____

Special Needs-including dietary: _____

Are there siblings at Harmony UMC; if so please list:

Parents & Guardians

Please familiarize yourself with the following expectations and determine if you need to discuss any of them with your child (ren) before she/he/they and yourself sign.

1. Parent/Guardian Name: _____ Home #: _____ Cell #: _____

2. Parent/Guardian Name: _____ Home #: _____ Cell #: _____

3. Emergency Contact (different than Guardian): _____ Relationship: _____ Phone #: _____

Youth Ministries: Youth Ministries at Harmony UMC will take short excursions from time to time. Signing this permission slip gives permission for the group to travel no more than a 20 mile radius. Should a more distant, longer than usually or over night outing be planned, a separate event specific permission slip will be provided and necessary to be submitted before such event.

I/We the listed above have legal custody of the participant named, a minor, and have given our consent for him/her to participate in the activities at Harmony UMC Children Ministries. I give permission to engage in all activities except as noted or told otherwise. I understand that I am responsible for arranging this person's transportation to and from events unless other arrangements have been made known to leaders at Harmony UMC. I also give permission for photographs and/or video to be used by the church for promotional, web site and/or other purposes.

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached, I authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment to be made at the hospital deemed advisable by and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of licensed hospital. I am responsible for payment for all fees incurred.



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I hereby agree to hold harmless and waive any claim against the Harmony United Methodist Church, it's members, representatives, officers, agents, staff (volunteer or paid), directors, and each of them, and for any and all past, present or future loss to property, and/or bodily injury resulting from any activities engaged.

Code Of Conduct: For your information, we expect each participant to conform to the following rules. If any incident occur which is not specifically mentioned below, we expect each participant to remember the "Golden Rule": Only do those things to others that you would like and expect to have done to you. In other words, respect everyone you meet.

Basic Expectations for each Participant:

1. Participation with the group and being on time for gatherings.
2. Respect for other's property and treat facilities appropriately.
3. Respect the efforts of others, their opinions, personal space and bodies.
4. Respect staff, volunteers and all other adults working with the Children & Youth Ministries.
5. Speak with courtesy and respect to all-NO foul or vulgar language will be tolerated.
6. Disruption that takes away from class time does not respect the rights of others to be in a safe friendly, edifying educational and fellowship space.
7. No possession of use of alcohol, tobacco nor any other non-prescription drug, nor unregistered prescription drug, no weapons of any kind will be tolerated. Anyone breaking this rule will be sent home immediately.
8. No offensive or immodest clothing (at the discretion of the church staff/volunteers).
9. No boys in girls' sleeping areas and no girls in boys' sleeping areas (if applicable).
10. Do not leave the event site without the permission of an adult advisor.
11. Use common sense. If you are not sure about doing something, DON'T DO IT.
12. These rules also apply to the use of the church vans and failure to obey the rules for the safety of yourself and others will result in contacting parent/guardian.

Youth's Name Printed

Youth's Signature

Date: _____

Parent/Guardian Name Printed

Parent/Guardian Signature

Date: _____

Copy is to be given to parent/guardian after explanation of above and signatures. Copies to be placed in Pastor's office.