

Portland Methodist Minor REGISTRATION AND MEDICAL RELEASE FORM

This release is valid from the date of the signature to September, 01, 2021

Student's Information:

Name: _____ Birth date: _____ Grade: _____ Gender: M F
Mailing Address & zip code: _____
Home Phone Number: _____ Student Cell Phone: _____ T-Shirt Size: _____
Student Email Address: _____ Ok to Text: Yes No
Student School: _____ Extracurricular Activities: _____

Parent's and/or Caretaker's Information:

Father's Name: _____ Mother's Name: _____
Work Number: _____ Work Number: _____
Father's Cell Number: _____ Mother's Cell Number: _____
Father's Email Address: _____
Mother's Email Address: _____
Emergency Contact: _____

<i>Not a Parent</i>	<i>Name</i>	<i>Best Phone Number</i>	<i>Relationship</i>
Family Doctor	_____	Office Phone _____	
Family Dentist	_____	Office Phone _____	

Please Provide All Important information off of Health Insurance Care Below. Include information from the front and back of Card.

Special Health Concerns: _____
Medications: _____
Allergies: _____

I **do** **do not** give the church permission to publish photos of my student on the website, in newsletters, and/or on social media.

I **do** **do not** give the church permission to transport my student to and from Portland Methodist outings and events. This will manly include riding in volunteers cars. This will never include your student riding in the car of another teenager. The Ministry Leader will need to know if you have your student riding home with another student.

This consent form gives permission for a staff member or ministry volunteer to seek whatever emergency medical attention is deemed necessary for my Student. In the event that he/she requires the immediate attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date, and will, to the best of my /our knowledge, still be in force for the student named above.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

Portland Methodist Covenant of Conduct

We recognize that the church is the Body of Christ and that we are a Family of Faith. As a family we are in covenant together offering the best that we are so our community can love and support one another in a way that is pleasing to God. Each of us, as a member of the family, is important. To create and maintain this relationship of family and community, all participants – student and leaders – agree to the following covenant:

1. As a participant in Portland Methodist Youth/Student/Children Ministry, my actions will display a Christian example.
2. I will welcome every individual as a member of our community, whether or not they are from CPortland Methodist. I will treat others with respect at all times and help everyone feel welcome.
3. I am responsible for my own belongings and respect the property of others. I will abide by the cell phone guidelines during worship time or bible study which allows me to be fully engaged in the message.
4. I will be responsible in my expressions of care, concern, and intimacy. I will respect the physical, emotional, and spiritual well-being of others and work to provide a trusting environment for my peers.
5. I will not bring or use harmful substances (e.g. weapons, fireworks, tobacco, illegal drugs, and alcohol).
6. I will participate fully and abide by adult and/or group decisions made during events or activities. This includes abiding by the guidelines for conduct of any center or facility we are visiting and treat their property and people with respect.
7. I will use appropriate language and respect the ministry leaders, volunteers, members, & visitors.
8. I will stay with my group at all times during activities or events. Venturing off on my own or not utilizing the buddy system as put in place by a ministry leader is absolutely not permissible. Also, students cannot drive other students to or from ministry events.
9. I will dress in a modest manner for all ministry activities and events.
10. I will assist in the cleanup of all areas used by the ministry group during events or activities.

I, the student, have read the Cornerstone Student Covenant of Conduct. I agree to abide by it.

Print

Signature

Date

We/I as parents/guardian understand the Student Covenant of Conduct and agree to discuss with our student the importance of following it. We also understand that all reasonable safety precautions will be taken at all times by the Portland Methodist volunteers and staff during the activities and events that the student will be invited to participate. We/I understand that we/I will be contacted if our/my student breaks the covenant so that communication can occur at home. In the event that my student's behavior results in being sent home from an event I understand that We/I will be responsible for any expenses incurred.

Print

Signature

Date