2026-2027 Front Street Youth Group Parent Contact Information Sheet

STUDENT NAME: _____

BIRTHDAY: _____

HOME ADDRESS: _____

FOOD ALLERGIES & DIETARY RESTRICTIONS: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: _____

PARENT/GUARDIAN EMAIL: _____

PREFERRED CONTACT METHOD: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: _____

PARENT/GUARDIAN EMAIL: _____

PREFERRED CONTACT METHOD: _____

Are you willing to chaperone or drive if additional volunteers are needed?

YES or NO
(Please circle one answer)

YOUTH SHIRT SIZE:_____

YOUTH SCHOOL/GRADE:_____

YOUTH PHONE*:_____

*Youth will never be alone in a direct messaging conversation with youth ministry leaders or volunteers. Youth will only be contacted alongside their parent/guardian or in a larger group message.

MEDICAL PERMISSION AND LIABILITY RELEASE FORM

August 23, 2026 - August 22, 2027

We (I) the parent(s) or legal guardian(s) of _____ here by grant our (my) permission for him/her to participate fully in events and activities sponsored by or attended by Front Street United Methodist Youth Fellowship during the time period of August 23, 2026 through August 22, 2027.

Authorization and permission is hereby given to said church (Front Street United Methodist Church) to furnish any necessary transportation, food, and lodging, for this participant during the excursions and activities of the youth ministry program.

I understand all safety precautions will be taken at all times by Front Street United Methodist Church and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Front Street United Methodist Church, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the participant who is the subject of this form. Furthermore, I (and on behalf of my youth participant) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached or the alternate contact person cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Please sign below.

_____ _____

Signature of Parent/Guardian Date

MEDICAL PERMISSION AND LIABILITY RELEASE FORM
August 23, 2026 - August 22, 2027

(Please Print)

Name of student _____ Date of Birth _____

Address _____ Age _____

City _____ State _____ Zip _____

Phone Number (___)_____

Email Address _____

Emergency Contact Person:

Parent/Guardian Name _____

Address (if different from student)

_____

City _____ State _____ Zip _____

Phone Number **(Cell)** (___) _____ Phone Number **(Work)** (___) _____

Email Address _____ Phone Number **(Other)** (___) _____

Alternate Contact Person: (Use someone near the primary contact)

Name _____
Address _____
City _____ State _____ Zip _____

Phone Number **(Cell)** (___) _____ Phone Number **(Work)** (___) _____

Email Address _____ Phone Number **(Other)** (___) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury incurred during any UMYF function or activity.

Do you have health insurance? _____ Yes _____ No

Name of Insurance Company

_____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

MEDICAL PERMISSION AND LIABILITY RELEASE FORM
August 23, 2026 - August 22, 2027

Family Doctor _____ City _____
Phone Number (___) _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give them proper medical care during their time with the youth ministry activity.

Health History:

Pre-existing or present medical conditions _____

_____

_____

Name and dosage of any medications that must be taken

_____

Any allergies? _____ to medications?_____

___ Hay Fever ___ Heart Condition ___ Diabetes ___ Insect Stings
___ Epilepsy/Nervous Disorders ___ Asthma ___ Frequent Stomach Upsets
___ Physical Disability ___ Intellectual/Developmental Disability ___ Learning Challenges
___ Additional Support Needs? ___ Any major illnesses during the past year?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions; list support that is needed; etc.)

_____

_____

_____

Any fast acting medications? _____

Date of Last Tetanus Shot _____ Contact Lenses? _____

Any swimming restrictions? _____ Yes _____ No

What? _____

Any activity restrictions? _____ Yes _____ No

What? _____

Permission to use Likeness Form

August 23, 2026 - August 22, 2027

I, _____ (parent/guardian), do hereby give my permission for my dependent child's likeness and/or photograph to be used for informational, promotional and celebration purposes for the Youth Ministries of Front Street United Methodist Church (in print, video, multimedia, and internet) for the period beginning August 23, 2026 through August 22, 2027. I also hereby indicate my understanding that images of my youth are not limited to images at church, but may also include images from off-site activities and programs (such as mission trips, retreats, trips, etc.) that are official Front Street UMYF events.

The above stated church agrees to make every effort to protect the privacy and dignity of your children. If you or your dependent request that a picture be removed, it will be done so immediately. In the case of an internet picture, this will be done as soon as possible. In the case of a printed picture, this will be done the next time it goes to print.

_____
(Name of Youth)

_____
(Signature of parent/guardian) (Date)

Community Covenant of Conduct

August 23, 2026 - August 22, 2027

The purpose of the youth ministry at Front Street United Methodist Church is to grow as disciples of Jesus Christ for the transformation of the world. The Front Street youth ministry is a safe place for youth to gather in Christian fellowship to support, encourage, and help each other grow in faith. To facilitate that environment, we agree to act in such a way that facilitates a healthy experience in Christian discipleship.

I understand the standing policies that prohibit (1) the use or possession of alcohol, (2) the use or possession of tobacco, (3) the use or possession of non-prescription drugs, (4) the use or possession of firearms, and/or (5) the use of profanity or inappropriate language.

I understand that youth activities are a time to be present with God and each other. Digital activity reflects back on one's character, therefore outside of Front Street youth activities I will use cell phones appropriately. There will be times when cell phones are needed but they are not to take away from being present in our activities, and other times when they will be prohibited on trips.

I understand that bullying, negative language, and making fun of others goes against the purpose of youth ministry and I agree to avoid these actions. Furthermore, I agree to be positive, include others, and to be kind to and respectful of myself, adult leaders, and my peers.

I understand that I will always respect others by keeping my hands to myself, even if I am related to or romantically interested in someone.

I understand the value of property and the consequences of property damage. Therefore, I agree to respect and protect facilities and property belonging to the church, host sites, others, and myself. If I do damage, then I agree to fix or pay to fix the damage done.

In the event that it is deemed by the youth director, youth leaders or other adult volunteers, that the youth is not living up to the covenant signed here, disciplinary actions may be taken. Those may include a meeting with the youth and parents/guardian, removal from an activity or dismissal from a trip.

We understand the code of conduct and community covenant of the Front Street UMC Youth Fellowship. I, as the parent/guardian, agree to hold my youth accountable to a high standard of behavior and conduct. I, as the youth, agree to conduct myself in accordance with high ethical standards, abide by the Front Street youth policies, and to act in keeping with the culture of Christian community.

_____
(Name of Youth)

_____
(Signature of youth) (Date)

_____
(Name of parent or guardian)

_____
(Signature of parent or guardian) (Date)