

# 2017-2018 CUMC STUDENT INFORMATION & ACTIVITY COVENANT

Student's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Cell Carrier (ATT, C-Spire, Verizon, etc): \_\_\_\_\_

Student E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Does your family attend another church regularly? \_\_\_\_ If so, where? \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Mother E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

If you do not live at the same address listed above, please list your address here.

Father's Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Father Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Father E-mail: \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_

Step-Parent's Name: \_\_\_\_\_

Step-Parent's Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Step-Parent's E-mail: \_\_\_\_\_

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## CUMC Youth Ministry Activities Covenant

The following guidelines are in place to assure the best possible experience on church activities and events. Please read the following guidelines for CUMC Youth Ministry activities and sign below.

1. I will obey the following rules:
  - No being out of the cabin/room after stated curfew (retreats and trips).
  - No gambling activities or perceived gambling activities.
  - No video games or laptop computers
2. I understand that the following is not appropriate in any form for a CUMC activity and that if I ignore these guidelines, I may be dismissed from the activity:
  - Willfully vandalizing, in any way, property, whether it is the church's or someone else's
  - Cruelty to or intimidation of another student.
  - Possession or use of tobacco, alcohol, any other type of drugs or drug paraphernalia.
  - Possession or use of fireworks or weapons.
  - Possession or use of pornography, in any form.

I will follow the above guidelines and respect the CUMC leadership. I understand the consequences if I choose not to follow the rules.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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## 2017-2018 CUMC MEDICAL INFORMATION FORM

**NOTE: This form seeks authorization to make medical related decisions for your child when attending activities and events sponsored in whole or in part by Christ United Methodist Church during the 2017-2018 ministry year. Unless specified below, this authorization, when signed by any parent or guardian, will remain in full force and effect for any CUMC activity or event until expressly revoked in writing and delivered to the Office of Youth Ministry at CUMC.**

**Name of Child:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

The above child is covered under hospitalization insurance

with \_\_\_\_\_ (name of company) pursuant to

Policy No. \_\_\_\_\_ in the name of

\_\_\_\_\_

Family Doctor is: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reaction to drugs: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Physical defects or limitations: \_\_\_\_\_

\_\_\_\_\_

Blood type (if known): \_\_\_\_\_

Other medical information which might be necessary to the proper care of this child: \_\_\_\_\_

\_\_\_\_\_

Any medicine which the child is presently taking: \_\_\_\_\_

\_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I, the undersigned, being the Father/Mother of \_\_\_\_\_, a minor child, do hereby authorize the CUMC Youth Ministry to make provision for any medical care which may be deemed necessary by a licensed physician for said child and to make decisions or give any other consents which may be necessary for the health and welfare of said child at any time.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date