



Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Goes by: _____ (If different from first name)
DOB: _____ Grade: _____ Gender: M F

Home Address: _____

Student Cell Phone: _____ (Please indicate if student does not have one)
Student Email: _____ (Please indicate if student does not have one)

Parent/Guardian 1

Name: _____

Cell Phone: _____

Email: _____

In Emergency Notify: _____ (If parent/guardian cannot be located)

Parent/Guardian 2

Name: _____

Cell Phone: _____

Email: _____

Phone Number: _____

Health Information

(please check all that apply)

- Sleep Walking
Motion Sickness
Fainting
Nose Bleeds
Diabetic
Other: _____

Allergies

(please check all that apply and specify)

- Food _____
Medicine _____
Environment _____
Insect Stings/Bites _____

Dietary Restrictions

(please check all that apply)

- No Peanuts
No Tree Nuts
Vegan
Lactose Intolerant
Vegetarian
Dairy-Free
Gluten-Free

Please list any medication (and dosage) taken regularly and any other pertinent information/details/serious illness/etc. to share:

Empty box for medication and other information.

Physician Name: _____ Phone Number: _____

Insurance

Policy Holder Name: _____ Name of Insurance Company: _____

Member ID #: _____ Group #: _____

IMPORTANT: THE INFORMATION BELOW MUST BE SIGNED

Emergency Authorization- We hereby give permission to the church's staff and/or other representative of Athens First United Methodist Church (AFUMC) or any other medical personnel to perform CPR/first aid for our child that he or she may deem necessary. In the event of an emergency and we cannot be immediately reached, we hereby give permission to the physician selected by the church leaders to hospitalize, secure proper treatment for and to order injections, anesthesia, surgery or any other medical treatment needed for our child. We further authorize the release of the listed medical information to appropriate medical personnel and/or health coverage insurance company. We will pay for any medical expenses so incurred. We will give written notification to the church if we feel there are any health considerations that would prevent our child's participation in any activity. We also give our permission for AFUMC staff and/or other representative to restrict our child from participation in any activity which they have any questions about for health or other reasons.

We agree We do not agree Parent/Guardian Initial _____

Transportation- As the parents or legal guardians, the undersigned certify that our child has express permission of all parents or legal guardians to participate in all activities, of any nature, sponsored by AFUMC for [the time period identified above]. Additionally, to the full extent permitted by Georgia law, we hereby fully release AFUMC, its authorized representatives and staff (collectively, the "Church") from all liability of any kind and character upon any claim, demand, or cause of action, which might be asserted on our behalf against the Church in connection with our child's participation in activities sponsored by the Church. We hereby authorize our child to participate in mission trip programs and student activities of AFUMC. We understand that our child, by participating in student activities, retreats, and/or mission trips, may be transported and/or accompanied by student adult volunteers and paid staff outside of the AFUMC campus to another site, city, state, or country. Therefore, we give the adult volunteers, paid staff, and/or any other authorized transportation personnel that AFUMC selects permission to transport—by foot, plane, boat, vehicle, and/or any other acts of transportation—our child to said location in order to participate in student activities, retreats, or mission trips between August 1, 2021 and July 31, 2022. We hereby fully recognize and assume all risks and hazards incidental to our child's participation and do hereby release, absolve, indemnify, and agree to hold harmless the Church for any injury, claim or loss that could arise in connection with such participation. We acknowledge that the Church shall not be held financially responsible for any injury, illness, or death as a direct or indirect result of transportation to and from student activities, retreats, or mission trips.

We agree We do not agree Parent/Guardian Initial _____

Photo Release—I grant permission to AFUMC to take and use photographs of me and/or my child for use in church-related publications such as brochures and newsletters, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the AFUMC web sites, social media, or other electronic forms or media, and to offer them for use or distribution in publications outside AFUMC, electronic or otherwise, without notifying me. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless AFUMC and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

We agree We do not agree Parent/Guardian Initial _____

All information provided on this Student Information Form for AFUMC is correct as far as I know, herein described has permission to engage in all prescribed activities except as noted. Allowing emergency authorization, transportation, and photo release permissions for this school year.

Parent/Guardian Signature

Date



STUDENT MINISTRY COVENANT

August 2021-July 2022

As representatives of Christ and the United Methodist Church, we, the participants in Athens First United Methodist Church, take seriously our responsibility to care for one another. This covenant represents an affirmation of our concern for the well-being of the total community. We covenant with each other to insure safety of all, to make our time together most meaningful, and to care for the facilities which we share.

In addition to our general concern for our community, we covenant to:

- Leave vehicles parked and unoccupied during events.
- Remain on the site of events unless having been given permission to leave.
- Observe scheduled curfew by being in rooms, quiet, and not disturbing others.
- Not enter the room of someone of the other gender.
- Not use any tobacco product or e-cigarette/vape/juul.
- Not bring animals, weapons, illegal substances, explosives, fireworks, alcohol, or dangerous materials.
- Not partake in any pornography and/or inappropriate images.
 - Route 56 and Youth leaders reserve the authority to take up mobile devices and notify a parent/guardian of the incident.
- Respect the person, equipment, and property of others.
- We will use language, behavior, and attitudes, which are consistent with the Christian faith.
- We agree to participate in every program session and small group meeting.

We agree all final decisions, consequence, and/or removal from any event will be made by the Student Ministry staff in conjunction with the parent/guardian. In the case of a broken covenant, a parent/guardian will be notified. I understand that if I break this covenant I may be sent home at my own expense.

By signing below I agree to uphold all aspects of the Student Ministry Covenant.

Printed Student Name _____ **Date** _____

Student Signature _____

Parent/Guardian Signature _____