



FCCEJ Youth Ministry Family Registration Form

Junior High Youth (6-8th) and Senior High Youth (9-12th)

Please fill out ONE form for ALL youth in your family (5 pages). Parents can initial off each year or make changes.

We encourage all youth to be involved in all Youth Ministry programs here at FCCEJ, as well as in the wider church. We pray FCCEJ Youth Programs are a priority, with every effort made for regular attendance. We value the mental health and spiritual life of all youth and recognize the importance of Sabbath in a safe space with peers. Everyone is a beloved child of God. We ask parents to support their youth by encouraging them in their attendance and sharing with them the value of a faith community.

Youth (first & last name): _____ **Grade:** _____ **Birth Date:** _____
Youth Phone (cell) _____ **(home)** _____

Email: _____

Areas of Interest: _____

Dietary Restrictions/Allergies: _____

Youth (first & last name): _____ **Grade:** _____ **Birth Date:** _____
Youth Phone (cell) _____ **(home)** _____

Email: _____

Areas of Interest: _____

Dietary Restrictions/Allergies: _____

Youth (first & last name): _____ **Grade:** _____ **Birth Date:** _____
Youth Phone (cell) _____ **(home)** _____

Email: _____

Areas of interest: _____

Dietary Restrictions/Allergies: _____

Parent/Guardian Name _____ **Cell #** _____

Email: _____

Address: _____

City: _____ **Zip Code:** _____

Parent/Guardian Name _____ **Cell #** _____

Email: _____

If Different Address: _____

City: _____ **Zip Code:** _____

In case of emergency, notify _____ **Relationship** _____

Home phone (____) _____ **Cell Phone (____)** _____

Youth Covenant For the Year

A successful and meaningful time at Youth gatherings, retreats, service experiences, and other wider church activities is dependent upon the attendance and cooperation of all those signing up to participate. Please read the list of expectations which have been designed to help ensure a positive and safe experience for all. Adult leaders are the people who determine the boundaries of conduct. Please note that this Covenant is our expectation for the whole program year.

During Youth Time, Retreats, Service Experiences, and other Wider Church Activities I covenant to:

- Not possess and/or use illegal drugs, alcohol, or tobacco products. I understand if I do, I will immediately have to call my parents/guardian and return home (extra costs for this will be covered by the parents).
- Respect the property of all other participants and facilities. This includes not touching things that are not mine.
- Silence & turn in my cell phone when I arrive at an event so that I may be fully present to the group and to myself for the duration of time. It will be returned at the end of the event.
- Only listen to my ipod (or other music playing devices) during personal times so that I am not disconnected from the group.
- Respect my youth ministry leaders in the way I communicate and interact with them, and understand that they are responsible for my emotional and physical safety. I will seek help from an adult youth ministry leader if anyone does something to make me feel uncomfortable in any way.
- Understand that my participation in the event/trip/program will determine how much fun I have. I will participate in and attend scheduled activities unless specific permission is given for me to be elsewhere and join in group work, play, study, activities without undue complaint.
- Take my turn in the support, feeding and clean-up chores of our community.
- Not get into any car or vehicle other than one designated by my adult youth ministry leader.
- Respect myself, God, other members of the group and the people we meet on our way, which means none of the following:
 - Put downs of me or others and no gossip
 - Abusive or vulgar language
 - Inappropriate touching
 - Activity which isolates an individual from the group
 - Any non-schedule activity for which I have not received an adult advisor's permission.
- Understand that I do not have to share any personal information about myself that feels uncomfortable. I will respect that boundary for my peers as well as the group's commitment to confidentiality.
- Understand that my health affects the larger group, I will inform the adult youth ministry leaders if I feel sick or have been hurt.
- Understand that the final decision about my behavior and/or its consequences is the right of the adult youth minister leaders because they are responsible for me.
- Will come to the event/trip/gathering ready to have fun, participate, hang out, learn, play, pray, worship and get to know new people and my friends better!

I have read the covenant of what is expected of me to be a part of the FCCEJ Youth Programs and church community overall. Failure on my part to live up to these expectations could end my participation.

Youth Signature _____	Print Name _____
Youth Signature _____	Print Name _____
Youth Signature _____	Print Name _____

I/We have read the information provided and reviewed it with our youth. I/We understand what is expected of our child and of me/us. I/We will communicate with the youth leader information around medication and physical and emotional needs. I/We understand that, if needed, I/we will assume all costs involved in our child's return home.

Signature of Parent(s)/Guardian(s) _____ Date _____
Printed Name of Parent(s)/Guardian(s) _____

Photo Permission

I/We give our permission for our child/youth to be **photographed/videotaped and have said image uploaded on our church's web site** with the understanding that in no way such images will include phone numbers, email or physical addresses. Furthermore, I give permission for these images to be used on the church website, social media (without being tagged) & other promotional printings by First Congregational Church of Essex Junction, United Church of Christ.

_____ (Parent Initials)

Have your youth experienced any major life events that might impact their experience in youth programs?

IF YES, PLEASE EXPLAIN (you can use another sheet of paper if needed):

I/We are interested in helping Christian Formation at FCCEJ in the following way(s):

- ☐ Serve on the Youth Ministry Team
- ☐ Serve on the Christian Education Committee
- ☐ Help at special events throughout the year
 - ☐ Welcome Back Sunday
 - ☐ Advent Decorating Event
 - ☐ Christmas Pageant
 - ☐ College Youth Christmas/Holiday Party
 - ☐ Shrove Tuesday Pancake Supper (last day before Lent begins on Ash Wednesday)
 - ☐ Pretzel Sunday
 - ☐ Easter Breakfast
 - ☐ Ice Cream Social
 - ☐ Vacation Bible Camp
- ☐ Lead a Faith Formation Peer Group on Sunday mornings
- ☐ Be a helper in a Faith Formation Peer Group on Sunday mornings
- ☐ Provide transportation to/from youth events
- ☐ Provide prayer support
- ☐ Set up, donate or shop for supplies for a youth event
- ☐ Suggestions _____
- ☐ Sorry, I am unable to help at this time

Consent and Emergency Treatment Authorization

I/We request and authorize the area hospitals, medical staff personnel, agents and employees, to have access to information contained in their form and to provide all medical care, routine tests and necessary transportation advisable for my health or the health of my child. I acknowledge that no representations, warranties or guarantees as to result or cures will be made.

I hereby give permission to medical staff to secure and administer treatment including hospitalization.

For myself _____ (*adult advisors*)

Or for my child(ren) _____
(*list all youth participating*)

Signature of Parent(s)/Guardian(s) _____ Date _____

Printed Name of Parent(s)/Guardian(s) _____

Signature of Adult Participant _____ Date _____

Insurance and Physician Information

Participant's insurance company _____ *Insurance policy #* _____

Insurance company address and phone _____

Name the coverage is in _____ *Date of Birth of the Primary Insured* _____

Participant's physician _____ *Phone (____) _____*

Please note: Over-the-counter or internally-administered medication of any kind including **Ibuprofen (Motrin/Advil) and Tylenol (acetaminophen)** will not be administered to minors without express permission of the parent/guardian or attending physician. Use the attached **Over-the Counter Medication form** to give permission.

Over-the-Counter Medications

To treat symptoms that your youth might have while on the retreats or other youth events, we ask that you fill out the following table of over-the-counter medications which may be administered to your youth. **These are for occasional need and will be given only with parental permission below. We will stock a moderate supply of the items listed below.** If there are further needs beyond these, we will call you directly to check in.

Symptom	Medication	Yes	No	Comments
Allergy / Stuffy Nose	Claritin Claritin - D			
Antihistamine for mild Allergic reactions	Benadryl			
Fever, Headache, Pain	Tylenol Advil /Ibuprofen			
Diarrhea, Upset stomach	Pepto-Bismol Tums			
Menstrual Cramps (f only)	Ibuprofen Tylenol			
Bug Bites / Poison Ivy	Calamine Lotion Hydrocortisone Witch Hazel			
Cough	Cough Drops Tussin			
Superficial Cuts/Abrasion	Bandages (latex) Antibiotic ointment			

List any other Over-the-Counter medicine that you do NOT want administered to your youth?

(Print clearly! Thank you)

Youth's Name _____

Youth's Name _____

Youth's Name _____

Parent's /Guardian's Signature _____

Date _____

If you need more room for comments, please use the backside of this sheet.
