

**Southminster Presbyterian Church**  
**YOUTH PARTICIPATION FORM 2022-2023**

**Student Information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

Student Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

**Parent/Guardian Information**

**Parent/Guardian 1** \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian 2** \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Phone \_\_\_\_\_

**Medical Insurance Information**

Company Name \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

**Medical Information**

Does your student have allergies to:

food \_\_\_\_\_

medication \_\_\_\_\_

pollen     insect bites     other \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Does your student wear:     glasses      
contact lenses

Does your child currently, or have they ever,  
suffered from  
or been treated for any of the following:

asthma     epilepsy/seizure disorder   

diabetes

heart problem     frequent stomach upset

physical impairment \_\_\_\_\_

other \_\_\_\_\_

Should this student's activities be restricted for any reason? Why?

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Include any additional information that would help us effectively care for your child:

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## Parent/Guardian Releases

**LIABILITY RELEASE:** In consideration of Southminster Presbyterian Church allowing the above child to participate in youth ministry activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Southminster Presbyterian Church's directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child while involved in youth ministry activities. Furthermore, on behalf of my minor child, I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein.

**MEDICAL TREATMENT PERMISSION:** I, the undersigned, authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or other treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist or other medical provider on the medical staff of a licensed hospital or emergency care provider. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization.

**TRANSPORTATION PERMISSION:**  I DO  I DO NOT (**check one**) grant permission for a designated adult driver to transport my child to and from any and all off-site youth activities.

**PHOTO/VIDEO PERMISSION:**  I DO  I DO NOT (**check one**) give my consent to Southminster Presbyterian Church to use photo or video images taken of my child(ren) on the website, social media, and in other church publications as they see fit. None of the photo or video images will be for personal use.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

## COVENANT

### STUDENT COMMITMENT

I \_\_\_\_\_, agree to the following in order to participate in the Southminster Presbyterian Church Youth Ministry Program:

- I will be respectful of all staff, adult leaders and my peers.
- I will be respectful of the property and pick up after myself.
- I will follow directions and willingly participate in discussions and activities.
- I will not come to the gatherings under the influence of alcohol or drugs.
- I will not bring any drugs, illegal substances, contraband, weapons, cigarettes/vapes or inappropriate visual materials to the gatherings.
- I will not threaten anyone, act violently or inappropriately, or use profane language.
- I will respect the opinions of others.
- I will adhere to the Electronic Communication Guidelines as outlined in the SPC Safe Church Policy (section III.C.), especially the prohibited use of any form of electronic communication with a leader or staff member which does not allow for some kind of record (such as Snapchat).

*If I violate any condition of this agreement, I understand that my parents / guardians will be contacted and will be required to pick me up immediately. I understand that I will not be permitted to future gatherings until my parents / guardians, youth ministry leader and I meet to discuss my future participation.*

### PARENT/GUARDIAN COMMITMENT

I, \_\_\_\_\_, agree to the following conditions for our child to participate in the Southminster Presbyterian Church Youth Ministry Program:

- I will discuss the above terms with my child.
- I understand that transportation to and from church activities is my/our responsibility.
- I will support the efforts of the Youth Ministry Leaders and will volunteer as I am able.
- I will pick my child up if called to do so immediately due to disciplinary action and agree to meet with the youth director to discuss my child's future participation.
- I acknowledge the Safe Church Policy is available to view at [www.spchurch.org](http://www.spchurch.org) and I recognize the importance of reading it and reviewing it with my child.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_