# Youth Ministry Registration Form

Please complete this form for all children participating in children’s ministry.

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<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Male or Female</th>
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Parent(s)/Guardian(s):

Street Address:

City: ___________ State: _______ Zip code: ___________

Primary Number: ______________ Secondary Number: ______________

Email Address:

Emergency Contact:

Relationship to Participant(s):

List any court-appointed restrictions:

_____________________________________________________________________________

_____________________________________________________________________________

Those authorized to pick up my child are:

_____________________________________________________________________________
Youth Ministry Medical Form (Please fill out for each child)

Child’s Name: _________________________________________________________________

A. Does your child experience any of the following (if yes, please explain):

1. Allergies  Yes or No Explain___________________________________
2. Heart Condition Yes or No Explain___________________________________
3. Diabetes  Yes or No Explain___________________________________
4. Headaches  Yes or No Explain___________________________________
5. Seizures  Yes or No Explain___________________________________
6. Motion Sickness Yes or No Explain___________________________________
7. Fainting  Yes or No Explain___________________________________
8. Upset Stomach Yes or No Explain___________________________________
9. Other: (please list)_______________Explain:___________________________________

B. Does your child have a reaction to (if yes, please explain):

1. Bee Stings  Yes or No Explain___________________________________
2. Penicillin  Yes or No Explain___________________________________
3. Medications  Yes or No Explain___________________________________
4. Poison Ivy/Oak Yes or No Explain___________________________________
5. Peanuts  Yes or No Explain___________________________________
6. Other: (please list)_______________Explain:___________________________________
C. Please answer the following:

1. Does your child have any condition that would prevent him/her in participating in any activities? Yes or No (If yes, explain)

________________________________________________________________________

2. Does your child take any prescription medications? Yes or No (If yes, explain)

________________________________________________________________________

3. Does your child have any sight or hearing impairment? Yes or No (If yes, explain)

________________________________________________________________________

4. Has your child been diagnosed with any mental health condition? Yes or No (If yes, explain)

________________________________________________________________________

Please indicate any other pertinent information that the youth staff should know about your child:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

By signing below, I confirm that all the information listed on this form is truthful and accurate. I understand that the youth ministry is concerned about the health and safety of my child and will follow the guidelines of this form in concerns to my child. I understand that neither the youth ministry, nor does True Vine Ministries accept any responsibility in the event that my child gets hurt or sick.

PLEASE SIGN:

________________________________________________________________________

(Parent/Guardian)          (Date)

________________________________________________________________________

(Parent/Guardian)          (Date)
PERMISSION SLIP

PERMISSION/MEDICAL RELEASE FOR

NAME ___________________________ PHONE ___________________________

ADDRESS ______________________ CITY ______________________________

ZipCode _______________ Birth date _____/_____/_____ Grade ______________

School ___________________________________________________________________

PARENT/GUARDIAN’S NAME _______________________________________________

VISITOR? WHO INVITED YOU? _______________________________________________

I GIVE PERMISSION FOR MY CHILD TO JOIN THE YOUTH OF TRUE VINE MINISTRIES OF FAYETTEVILLE, NC, IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR’S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

PARENT’S SIGNATURE: _______________________________________________________

Today’s Date Month _______________ Day _____________ Yr ___________________
EMERGENCY PERSONS & PHONE NUMBERS:

NAME:__________________________________________________________
PHONE#________________________________________________________

NAME:__________________________________________________________
PHONE#________________________________________________________

MEDICAL INFORMATION: (REQUIRED FOR ALL off-campus activities)

ALLERGIES
___________________________________________________________________________

MEDICATIONS BEING TAKEN
___________________________________________________________________________

PHYSICAL HANDICAPS
___________________________________________________________________________

MEDICAL INSURANCE CO.
___________________________________________________________________________

NAME OF POLICY HOLDER ___________________________ POLICY # ______________________

YOU WILL NOT BE ALLOWED TO GO ON ANYYOUTHTRIPOFF-CAMPUS with TRUE VINE MINISTRIES WITHOUT A PERMISSION SLIP SIGNED BY YOUR PARENT/GUARDIAN ON FILE.
YOUTH MINISTRY GUIDELINES

The following are the guidelines of the Youth Ministry of True Vine Ministries. These guidelines are in the best interest of the total ministry of the Church and they will be firmly, yet lovingly, enforced.

1. Enjoy yourself.
2. Youth will respect the authority of each adult involved in the Youth Ministry. In the event that this respect is not given, parents will be immediately informed.
3. In light of the spiritual focus of the Youth Ministry, only Christian music will be played on trips. (The use of any personal listening devices will be at the discretion of the Youth Leaders.)
4. Modest one-piece swimsuits for girls and shorts and T-shirts for guys will be the standard for any pool or water activities. Chaperones will decide on questionable attire.
5. Everyone’s shorts are to be school standard (finger-tip level while standing with arms extended straight down). Biking shorts will be worn only underneath “finger tip” shorts.
6. T-shirt messages are to be wholesome. (The Christian lifestyle does not promote the lifestyle of most secular society.)
7. No draping, hanging on, sitting on, or kissing between students.
8. Use trash containers provided. Please don’t throw trash anywhere other than the containers provided. All groups will clean the vehicles and facilities used before the end of the trip or program.
9. For your safety, do not wander the halls or parking lots. Please be at all scheduled activities you are involved in. (Parents will be notified by the Youth Pastor for infractions of this rule.)
10. No tobacco products, alcohol, or other controlled substances.

- If a discipline problem is deemed serious enough, the youth will be sent home at the parent’s expense.
- I have read and agree to follow these guidelines.

__________________________________________  _________________________
Youth Signature                          Date