

Youth Ministry @ First Church Registration Card 2009-2010

Please write clearly!!!

Name: _____ Grade: _____

Home Phone: _____ Birthday: _____

Address: _____

School: _____ Were you Confirmed here? Y N N/A

Youth Email: _____

Family Email: _____

Family Contact: _____ Work Phone: _____

Cell Phone: _____

Family Contact: _____ Work Phone: _____

Cell Phone: _____

Other Emergency Contact: _____ Phone: _____

★Do you have any allergies (food, bees, medications, etc.) or other concerns (injuries, etc.) that might limit your participation in activities?

★I do ___ do not ___ give permission for my child's photo to be taken during activities, with the understanding that pictures might be used (without names attached) in First Church publications.

Over, please! →

Youth Interests Survey 2009-2010

Student Name: _____ **Grade:** _____

Do you sing or play an instrument? _____

Do you play on any sports teams? _____

What are some of your hobbies? _____

Any cool/weird/interesting talents or skills? _____

What are 3 things you would like to do in Fellowship this year? _____

Would you invite a friend to Fellowship? _____

Will you volunteer for our Media Ministry (audio/video stuff)? Yes No

What else? _____

For Senior High Fellowship:

Are you planning to go on the Mission Trip (2/14-20/2010 to New Orleans)? Yes No

Are you on Facebook? Yes No

Have you joined the First Church Fellowship page/group? Yes No

Do you babysit? Yes No

The First Church of Christ, Congregational, Glastonbury
Indemnification, Release, and Medical Treatment Consent Form Youth Fellowship

I, _____, am the parent or guardian having legal custody of _____, a minor, age _____, born on _____, who is, with my permission, enrolled in The First Church of Christ, Congregational, Glastonbury's ("First Church") Youth Fellowship Program (the "Program").

I hereby authorize the Youth Pastor of First Church or any other adult acting as an agent or representative of First Church to take any and all actions that may be necessary or proper to provide for, or arrange for the provision of, the health care of such minor, including, but not limited to, (i) providing for such health care at any hospital or other institution, or employing any physician, dentist, nurse, or other person for such health care, and (ii) consenting to and authorizing any health care, including but not limited to the administration of anesthesia, the taking of X-rays, the performance of tests and operations, and other procedures, by physicians, dentists, nurses, and other medical personnel. I agree to be responsible for any and all charges incurred in connection with any care or treatment rendered pursuant to this authorization, even if an employee, agent or representative of First Church has signed documentation promising to pay for such care or treatment.

On behalf of the minor listed above, the minor's parents and/or legal guardians, I agree to defend, hold harmless, indemnify and release First Church and its officers, trustees, employees, agents, representatives, volunteers, and all others who are involved in the Program from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from such minor's participation in the Program. This release includes claims based on the negligence of First Church and its officers, trustees, employees, agents, representatives, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence.

Parent/Legal Guardian Signature _____ Date _____
Physician's Name: _____ Preferred Hospital:* _____
Physician's Telephone #: _____

*The signer acknowledges that First Church does not guarantee that the preferred hospital will be utilized.

Insurance Carrier: _____ Group#/i.d.: _____
Name of Insured: _____

Parent/Family Involvement Survey 2009-2010

Parent(s) Name: _____

Student Name(s): _____ **Grade(s):** _____

Email: _____ **Phone:** _____

Member(s) of First Church? Yes No Interested in Membership

If not First Church, does your family worship elsewhere? _____

How many children live in your household? _____ Ages _____

Do you receive the church newsletter (The Reminder)? Yes No Send By Mail or Email

Do you own a multi-seat vehicle, and would you be willing to occasionally provide transportation for events? YES NO _____ #Seats

Your Talents, Gifts, & Other Interests:

___ Musician or Singer	___ First Aid/CPR Certified	___ Audio-Visual Skills
___ Artistic Talent	___ Carpentry	___ Photography
___ Drama/Theater	___ Public Speaking	___ Teaching
___ Mechanical Skills	___ Fund Raising	___ Finance/Budget
___ Cooking	___ Athletics	___ Organization/Planning

Interest in Specific Events:

___ Apple Fest (10/16-18)	___ Christmas Pageant (12/24)
___ Super Bowl Grinder Sale (2/7)	___ Mission Trips
___ Overnight Retreats	___ Local Service Projects
___ Cow Chip Bingo (5/1)	___ Confirmation Program Mentor