

Youth Ministry @ First Church Registration Card 2011-2012

Please write clearly!!!

Name: _____ Grade: _____ Age: _____

Home Phone: _____ Birthday: _____ M/F: _____

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?

- Yes**, I give permission for my child to be photographed or videotaped as part of First Church activities. I recognize that his or her image may appear in a church or community publication.
- No**, I do not give permission for my child to be photographed or videotaped as part of First Church activities.

Parent/Guardian Signature _____ Date _____

The First Church of Christ, Congregational, Glastonbury Indemnification, Release, and Medical Treatment Consent Form for 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 Associate 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 2011-2012

Parent(s)/Guardian Name: _____

Student Name(s): _____

1. Your Talents, Gifts, & Other Interests: (Please check areas you'd be willing to help occasionally or regularly.)

Youth Name	Parent Name	
_____	_____	Musician or Singer
_____	_____	Artistic Talent
_____	_____	Drama/Theater
_____	_____	Public Speaking
_____	_____	Mechanical Skills
_____	_____	Cooking
_____	_____	First Aid/CPR Certified
_____	_____	Carpentry
_____	_____	Fundraising
_____	_____	Athletics
_____	_____	Audio-Visual Skills
_____	_____	Photography
_____	_____	Teaching Church School
_____	_____	Organization/Planning

2. Interest in Specific Events:

_____	_____	Apple Fest (10/14-16)
_____	_____	Christmas Pageant (12/24)
_____	_____	Super Bowl Grinder Sale (2/5)
_____	_____	Pancake Breakfast (4/7)
_____	_____	Mission Trip
_____	_____	Overnight Retreats
_____	_____	Local Service Projects
_____	_____	Other: _____

3. General Info:

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

Are you planning to go on the Senior High Mission Trip (Feb. 19-25, 2012 to San Antonio)? Yes No

Are you on Facebook? Yes No ****Find and friend Andy and Kate.****

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

Do you babysit? Yes No

Parents, are you Member(s) of First Church? Yes No Are you 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

If not, would you like to receive the newsletter?