

# St. Stephen United Methodist Church

## Youth Ministry

### Student Profile

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#### Personal Information

Attach a recent school photo.

Student name \_\_\_\_\_  
Last First Middle Preferred

Male  Female School \_\_\_\_\_ High School Graduation Year: \_\_\_\_\_

What church do you attend? \_\_\_\_\_ Are you a full member? \_\_\_\_ Baptized? \_\_\_\_

Phone \_\_\_\_\_ Email (please print) \_\_\_\_\_

Personal Phone/Cell: \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

#### Family information

Father's name \_\_\_\_\_ Stepfather's name \_\_\_\_\_

Mother's name \_\_\_\_\_ Stepmother's name \_\_\_\_\_

With whom do you live?  
 Father  Mother  Other-explain: If you would like a copy of info sent to parent whom you do not live with, list name and address:

Parent's phone (which parent?) \_\_\_\_\_

Parent's email address (which parent?) \_\_\_\_\_

Do your parents attend this church?  Yes  No If not, which church if any? \_\_\_\_\_

Brothers/sisters (High School and younger):

Name \_\_\_\_\_ Age/grade \_\_\_\_\_

Name \_\_\_\_\_ Age/grade \_\_\_\_\_

Name \_\_\_\_\_ Age/grade \_\_\_\_\_

#### Interests check all that apply

**Music**  Likes to sing!  Instruments \_\_\_\_\_ Studied how long?

**Sports/Hobbies** (list) (examples: Drama, computer, reading, volleyball, art, dance, etc.)

**Best Friends in the Youth Group** (list)

**One Person I would like to Room with on trips** (list ONLY ONE)

**Spiritual gifts** (list gifts you believe God has given you) (examples: teaching, encouraging, compassion, wisdom, knowledge, healing, assisting, leadership, sharing your faith, following, etc.)

# St. Stephen United Methodist Church Youth Ministry Cooperation and Attendance Covenant

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To insure the safety (physical/emotional/spiritual) of all, to facilitate our time together more effectively, and to adequately care for the facilities, it is necessary for all of us to agree on and observe some general guidelines. **THESE WILL BE STRICTLY ENFORCED.**

All policies of the United Methodist Church, St. Stephen United Methodist Church, and the UMYF will be strictly observed which includes, but not limited to, the following:

## General Expectations

**Very Important!  
Read & Understand!**

1. Participation in all meals, worship, devotions, and scheduled activities and arriving on time to these activities are highly expected.
2. No guys in girls' areas (sleeping rooms) and no girls in guys' areas (sleeping rooms).
3. Use or possession of Tobacco, Alcohol, or Drugs is not permitted! Authorities will be contacted.
4. Appropriate clothing is expected... No explicit logos, beer ads, etc. For the girls, no immodest clothing such as short-shorts or revealing tops. Garden City campus requires one-piece bathing suits.
5. Fighting, weapons, fireworks, matches, lighters, and explosives are not permitted.
6. Everyone is expected to observe curfew and comply with event schedules.
7. If you have invited a friend(s), you are responsible for them and their actions. It is your responsibility to inform them of the high behavior standard of the UMYF.
8. You are expected to help out when necessary—cooking, cleaning, loading, unloading, etc.
9. Make sure an adult knows where you are, or will be, at all times. Never go off-site alone.
10. Respect property. Inform the trip leader immediately if anything is lost, stolen, or broken. We respect honesty and courage above all else, and you will be treated as such. If anything is broken in a room and no one comes forward, all members of the room are responsible for paying and/or discipline action.
11. Respect for one another, staff, and adult leaders: this includes language, derogatory comments, vandalism (in even small ways), and listening when someone else is talking.

## Attendance and Special Circumstances

**NEW POLICY!**

In the interest of safety and respect for the group, we expect each participant to attend the entire retreat and travel with the group. Please attach any **REQUESTS** of special arrival and departure circumstances. These requests must be cleared with the Youth Minister **IN ADVANCE OF THE TRIP**. You are responsible for submitting your request in writing to the Youth Minister no later than 2 weeks prior to the trip and following up with him. We reserve the right to deny any request if it causes hardship on the group or program.

**I have read and agree to abide by this covenant and policies. I understand that a serious infraction of this covenant means I may be sent home at my own expense.**

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Youth's Signature)

*Bottom Line: You will be trusted until we have reason not to trust you*

**Event Permission**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_,  
NAME OF PARENT OR GUARDIAN NAME OF MINOR  
(hereinafter, "my child"), whose medical information is correct in this document to the best of my knowledge.

I understand my child will attend and participate in activities sponsored by St. Stephen United Methodist Church located at 6800 Sardis Road, Charlotte, NC 28270 in Mecklenburg County (hereinafter the "Church"). Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth minister prior to that event.*

My Child has my permission to attend all youth activities by the Church. *(Separate permission is required for major events)*

**Medical Treatment Authorization**

I hereby authorize BRANDON DIRKS, YOUTH MINISTER and his adult leaders who are 18 years of age or older, who supervise the activities and into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further authorize the above named agents of St. Stephen United Methodist Church to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the same agents.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise of his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon. All effort will be made to contact parent or guardian before care is given.

**Medical Liability Release**

I/We the undersigned have legal custody of the student named above, a minor, and give our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as described above by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

*Please attach a copy of current insurance card,  
and inform us as changes occur.*

Dated \_\_\_\_\_, \_\_\_\_\_ Parent Signature \_\_\_\_\_

# Permanent Medical Information

## St. Stephen United Methodist Church – Youth Ministry

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Please print in ink, and fill each blank completely.

Please attach a recent school photo or submit a digital photo.

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
LAST FIRST MIDDLE

Current Grade: \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Please attach a copy of both sides of appropriate insurance card.

Treatment Authorization Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Many hospitals will not allow treatment without having the patient's Social Security Number. We make every effort to keep this number confidential.

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

### Medical History

If necessary, describe in detail the nature of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

1. List prescription medications and dosages that must be taken. Can the youth administer these themselves?
2. List and describe any allergies and reaction:
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma  epilepsy / seizure disorder  heart trouble  diabetes  sleep disorders  
 blood disorders  frequently upset stomach  physical handicap  headaches/migraines
4. Has your child been diagnosed with an Attention Deficit Disorder? Please advise on medication and anything we need to know to effectively work with your child.
5. Does your child have serious homesick issues? If so, describe strategies you have to deal with these issues.
6. Date of last tetanus shot: \_\_\_\_\_
7. Please list and explain any major illnesses the child experienced during the last year:
8. Should this child's activities be restricted for any reason? Please explain: