

**Oak Hill United Methodist Church
Youth Group Participant Form**

Must be completed in order to participate in Oak Hill UMC Youth Group and/or Search and Discovery.

General Information

Youth's Full Names	Birthdate	Grade	School	Medical concerns/allergies
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Parent/Guardian name(s): _____		Home #: _____		
Cell #: _____	Alt. Cell #: _____	Work#: _____		
Address: _____		City/zip: _____		
Email(s): _____				
Youth cell #: _____		Is it okay to text your youth regarding Oak Hill UMC youth activities? Yes No		
What is the best way to contact you? _____				

In case of an emergency and I cannot be reached, please call:

Name: _____ Phone #: _____ Relationship: _____

Medical Information

Physician's Name: _____	Physician's Phone # _____
Insurance Company: _____	Policy Holder: _____
Policy Number: _____	ID Number: _____

Media Release

I give permission for media such as photography, video, and/or sound clips of my child to be used in relation to Oak Hill UMC events, in the following ways, noting that first names only will be used. (Cross out those you do NOT give approval for.)
Church Website/Church Facebook Page/Oak Hill UMC Youth Instagram/Email/Flyers/Brochures/Newsletters

Participation Release

I give permission for my child to participate in : (check all that apply)

- _____ **Oak Hill UMC's Youth Group**
- _____ **Search and Discovery (Tuesdays from 3pm-5pm)**

including travel to, from, and during events via church vehicle or automobile driven by an adult chaperon/leader who is age 21 or older with a valid driver's license. I give permission for my child to receive emergency medical care if necessary. I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's health and safety while attending Oak Hill UMC Youth and/or Search and Discovery events, with the understanding that I/emergency contact listed above will be contacted as soon as possible should the need arise. I release Oak Hill United Methodist Church and its representatives from liability in the event of accidental injury or illness.

Parent/Guardian Signature: _____ Date: _____