

**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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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? _____

Note: to receive reminders of upcoming events, text *ohumcy* to 81010 (for youth info), and *oakhillsd* for Search and Discovery info.

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 Social Media (Website/Facebook/Instagram)/Email/Flyers/Brochures/Newsletters/Youth Leaders' Social Media (Facebook/Instagram)

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: _____

We will assume the information on this form remains valid through August 2018, unless you inform us of changes.
Thank you for registering your child as a participant in Oak Hill UMC's Youth Ministry. If you have any questions, feel free to contact Rev. Shannon LeMaster-Smith, Youth and Family Outreach Minister: OakHillDeacon@gmail.com or (336) 460-1769 (cell).