

2022/2023 PROGRAM YEAR

TSPC Youth Group Registration & Covenant

Participant's Name: _____ Goes by: _____

Birth Date: _____ School: _____ Grade: _____

Parents'/Guardians' Names: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian #1: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian #2: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parents'/Guardians' Email Addresses: _____

Note: Please list only those emails you check on a regular basis.

Adults in the home use Facebook? Yes No Best Way to Contact: _____

Participant's Cell Phone: _____

Participant's Email: _____

Note: Please list only if you check email on a regular basis.

Participant Uses Social Media: Facebook Instagram Snap Chat Twitter Other _____

Participant's Physician's Name: _____ Phone: _____

Health Carrier: _____ Policy/Plan #: _____

Policy Holder: _____

Emergency Contact's Name: _____ Relationship: _____

Address _____ Zip Code _____ Day Phone _____ Night Phone _____

Does this participant have any physical, psychiatric, emotional or behavioral conditions of which the youth ministry leaders should be aware? _____

Regularly prescribed medications and doses: _____

Note: For trips, parents/guardians must provide needed medications in their original containers.

Date of last tetanus shot: _____ Contact lenses: Yes No

Allergies (food or drug): _____

T Shirt Size (circle one): Adult Small Adult Medium Adult Large Adult XL Adult 2XL

PARENT/GUARDIAN AUTHORIZATION:

This health history is correct as far as I know. The person herein described has my permission to engage in all planned activities. The following authorization empowers the staff of Tinkling Spring Presbyterian Church, PCUSA in Fishersville, VA and youth ministry adult leaders to take whatever steps they deem necessary to insure the well being of my child should a medical emergency occur during a youth ministry event.

Every attempt will be made to contact the child's parents/guardians and/or emergency contact provided.

I (parent/guardian): _____ do hereby authorize Tinkling Spring Presbyterian Church, PCUSA Youth Ministry to take necessary emergency measures in the treatment of (participant): _____ if needed. My child is in good physical health and does not have any conditions which may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by Tinkling Spring Presbyterian Church, PCUSA to hospitalize, secure proper treatment for, and order injections, anesthesia, transfusions and surgery for my child named above.

Parent/Guardian Signature: _____ Date: _____

PARTICIPANT'S COVENANT: As a participant, I agree to the following covenant and will work towards the goals of youth ministry events and the building of our group into a Christian community by:

- Participating regularly and wholeheartedly in all activities planned for youth ministry this year
- Speaking up when I have a need or problem
- Listening and responding to the needs of others
- Following the guidance of all adult leadership
- Being mindful of safety and to abstain from any behavior that may harm or endanger myself or others
- Respecting the rights and property of others
- Not using or promoting the use of controlled or illegal substances (alcohol, drugs, tobacco, flammables)
- Not leaving the location of youth ministry events without my adult leader present
- Encouraging others to understand and abide by this covenant and striving to live as a supportive member of the group, and as a good example to those with whom we are in contact.

I understand that abiding in this covenant will result in a positive group experience. I understand that failure to abide by these guidelines may result in a phone call to my parents and/or being sent home at my parent's/guardian's expense.

Participant's Signature (Youth or Adult Leader): _____

PARENT'S COVENANT: As the parent/guardian of this participant, I agree to the following:

- I give permission for my son/daughter to participate in youth ministry events
- I understand the degree of risk (if any) involved in youth ministry events and because I trust the adult leadership and my child, I hereby release Tinkling Spring Presbyterian Church, PCUSA in Fishersville, VA, and any of the adult leadership from any liability for any injury or problem occurring during participation in youth ministry events.
- I give permission for Tinkling Spring Presbyterian Church, PCUSA to use my child's likeness in photographs, video, and other media in any and all of its publications, including bulletin boards, newsletters, website entries and social media posts.
 - _____ (initial if permission is *not* given) I do not give permission to print or publish photos or videos of my child online or in church related publications.

Parent's/Guardian's Signature (not required for Adult Leaders): _____

I would like information on the following conference opportunities:
(Check all that apply. Dates are set for 2023 summer already!)

Massanetta Middle School Conference (completed 6th -8th grade)

- June 15 through 18, 2022 (Thursday afternoon through Sunday noon)

Montreat Youth Conference (completed 9th -12th grade)

- June 4 through 10, 2022 (leave Sunday, return following Saturday)

What mission/worship opportunities are you interested in participating in (check all that apply)

Assist in worship

Assist with set-up, clean-up, and be extra hands for church-wide fellowship events

Serve as a youth leader at Fun Days (for elementary age children when Augusta County schools have a teacher workday)

Serve as a youth leader at Faith in Action Mission Day Camp, one week in June/July 2023

Assist with carrying boxes at the Food Pantry

Assist families at the Clothes Closet

Parents let us know how you can support youth ministry this year (check all that apply)

Assist with

Host a youth group gathering in your home

Provide food for gatherings/events

Chaperone a couple of Youth Group meetings