

**WhereHouse YOUTH Consent Forms**

Please hand completed by parent and youth

Medical Consent must be notarized if under 18.

**Must be filled out for participation.**

You can turn forms directly to KayLee Bennett,

Director of Youth Ministries

or drop off in FUMC Administrative Offices

201 4th Street North

**PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

**THIS MUST BE FILLED OUT EVERY YEAR & NOTARIZED | PLEASE PRING**

First United Methodist Church | SPFL | 212 3rd Street North | 33701

PRINT Name of Youth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_ Grade\_\_\_\_\_B-day\_\_\_\_\_\_\_\_\_\_

Youth Cell Phone of (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip \_\_\_\_\_\_

Primary Parent/Gaurdian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Parent/Gaurdian Cell(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email PrimaryParent/Gaurdian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my youth will be participating in a number of activities sponsored by First United Methodist Church of St. Petersburg, FL in 2019, which carries with them a certain degree of risk. Some of the activities include, but are not limited to, swimming, boating, camping, hiking, sports, games and other activities that the trip may offer, on or away from church property. I consent for my child to participate in these activities.

**Please indicate any restrictions on your youth’s activities:**

\_\_\_ I represent that my youth is physically fit and has the necessary skills to safely participate in these activities.

\_\_\_ I represent that my youth has restrictions on the following particular activities:

\_\_\_ I also understand and give consent for my youth to travel to and from these events in transportation provided

 by staff/volunteer drivers who are driving for church-sponsored events.

**Medical Treatment Authorization**

It is my understanding First United Methodist Church of St. Petersburg, FL will attempt to notify me in case of a medical emergency involving my youth. In the event that I cannot be present in such an emergency, I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or health-care professional to provide the medical service he or she may deem necessary for my youth. I also give consent for my youth to be transported by ambulance if necessary. I will pay for any medical expenses so incurred.

\*I will notify the church if I feel there are any health consideration that would prevent my youth’s participation in any of the activities listed above.

**Allergies or other Health Considerations**

Date of last tetanus shot\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daily prescriptions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Gaurdian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/GuardianSignature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by a Notary Public**

State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to me or has produced

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification and did not take an oath.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Notary Printed

My Commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Number is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Consent Form for Electronic Communications with Children/Youth***

First United Methodist Church, 212 3rd Street N., St. Petersburg, FL 33701

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Participant”), has my permission to receive communications from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UMC’s Director of

Children Ministry Youth Ministry Director of Children’s Choirs other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [circle all that apply]

I understand that such electronic communications may be made via telephone, cell phone, text messaging, e-mail, the Church’s social media accounts, or other electronic means.

***Please note:*** By providing the email address and/or cell phone number of a minor Participant, the parent or guardian grants permission for electronic communication from the group leader to the Participant in regards to all group activities in which Participant participates.

Participant’s e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I do I do not** Insist that I be copied on all emails

 **I do I do not** Insist that I be copied on all texts or messaging

**I do I do not** Insist that those permitted to communicate with my child become my friend on Facebook before communicating with my child.

I further understand that Children and Youth Ministries will use the Internet as an aid in teaching for Children and Youth Ministries. All computers accessible to Children and Youth have parental controls in place.

I understand it is my responsibility to update the information below if it changes.

**Name of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Facebook Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The WhereHouse Youth Ministry @ FUMC**

**Youth Conduct Covenant**

**To be read & signed by youth and parents**

**THIS MUST BE FILLED OUT EVERY YEAR**

In all meetings, retreats or other events under the sponsorship and/or guidance of this Annual Conference of The United Methodist Church, I am a representative of that Christian community. I am responsible for my actions. I understand that the following Covenant of Conduct will be followed. I also understand that failure to do so may result in a call to my parents to come pick me up, take a break from the group for an indefinite amount of time or be sent home from a trip at the expense of my parents.

* The illegal use of drugs and the use or possession of alcohol and tobacco and cigarette lighter, cigarettes, e-cigarettes is prohibited. You will be asked to leave the premises or trip at parental expense.
* The use or possession of all weapons is prohibited.
* All conduct shall be in keeping with Christian regard and respect for all persons. Therefore, teasing, put-downs, bullying, cursing, and sexist, racial or sexual language will not be tolerated. This goes for texting, sexting within the group or outside of group. Keep your hands off people and their stuff.
* All individuals are expected to participate in all group activities and conduct themselves within the boundaries of a group setting.
* All dress shall be in good taste. Revealing clothes and t-shirts with offensive slogans are not allowed. Tankinnies or one pieces only, or be prepared to wear a t-shirt.
* No leaving without permission while under the church care.
* The areas used for meetings, retreats, games, etc. shall be left clean. All persons are expected to help clean up.
* The use of electronic devices such as cell phones, games, media devices, etc. is not permitted during group time.

I, (youth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the Covenant of Conduct. I agree to follow it to the best of my ability. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, (parent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the Covenant of Conduct. I agree to follow it to the best of my ability. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First United Methodist Church | 212 3rd Street North | SPFL | 33701 | 727-894-4661**



**Why We Think About What We Wear?**

**As a youth ministry we gather together or go out into communities to pursue what God is during through us not what we are wearing. So, we can make sure that we never wear anything that disrupts our ability to be the hands and feet of Christ in the world.**

**We want to point out that the expectations are not only on girls. We have expectations for girls and guys alike.**

*Please let us know if you have any questions or concerns!*

**Think Before You Wear!**

* TOPS | Must cover the abdomen and back. No midriff, halters, tube-tops, low-cut shirts, backless shirts, see-through stuff, sports bras…you get the idea. I don’t want to look at your boobs!
* SHORTS AND SKIRTS | Not too short! No butt cheeks!
* Bottoms | Must be pulled up. Please don’t show us your underwear when standing or sitting. If your wearing leggings, cover stuff up.
* SLEEPWEAR | Must align with all criteria above.
* GUY BATHING SUITS | Keep it real, no speedos and not to short!
* GIRLS BATHING SUITS | Must cover your stomach. One pieces or tankinies only. If you don’t have one and can’t buy one, you may wear a shirt over your bathing suit!
* OTHER STUFF TO THINK ABOUT | No see-through or revealing clothing. No clothing or accessories containing words or symbols that are profane, suggestive, or promote sex, racial, or ethnic, slurs, gang affiliations, vulgarity, nor promote products such as cigarettes, e-cigarettes, drugs and alcohol!
* If you not sure about something don’t wear it!

**Remember | We’ve seen a lot!**