

FUMC Impact Student Ministry
First United & Faith United Methodist Church
Boynton Beach, Florida

Welcome to Impact Student Ministry! We're excited to have you become part of our program, that has many fun events and activities planned, including Wednesday Night Meetings, Special Events and Fundraisers* We encourage you to attend as many events as possible, which is the best way to grow not only your relationship with other students, but also with God.

PERSONAL INFORMATION

Student's Name: _____ DOB: _____

Address: _____

Home Phone #: _____ Student's Cell #: _____

Email: _____

School: _____ Grade: _____

School Activities, Interests, and Hobbies: _____

	Parent/Guardian #1	Parent/Guardian #2
Name		
Cell Phone		
Work Phone		
Email		

STUDENT BEHAVIOR AND CLOTHING POLICY

I will hold myself accountable for my actions and will not willfully seek to harm another person physically or emotionally; nor will I destruct property, and understand that I will be held accountable if I choose to do so, and will be responsible for repair or replacement.

I understand that drugs, alcohol, tobacco, and sexual misconduct have no place at the church or at other Christ-centered events. I understand that there is zero tolerance for such behaviors and they will be dealt with accordingly.

I will dress appropriately and understand that all shorts must have a minimum of a 3-inch seam; shirts will not depict inappropriate images or words, must have a minimum 3-finger width strap on both shoulders, and must completely cover bellies and bust-lines. Girls' bathing suits will be either one-piece or a modest tankini, and boys will wear swim trunks only.

I agree to abide by the First and Faith United Methodist Churches' Student Ministry behavior and dress code at all times. If I choose to break this policy at any time while participating in any youth ministry activities, I understand that each situation will be dealt with accordingly, and could include being sent home early from the activity or event, possibly at my parent's expense. I understand that if I break these policies, my parents and I will need to meet with the Youth Minister and a Pastor to discuss the situation and actions taken.

 Student Name PRINTED

 Student's Signature

***Fundraisers** help cover expenses and/or reduce the costs of special activities and events. For you to take advantage of the opportunity fundraisers provide, we need your full support and participation.

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PARENTAL PERMISSION AND MEDICAL RELEASE FORM

I/we, the legal parent(s) or guardian(s) of _____
PRINT Child's Name

- Do hereby give permission for my/our child to participate in the FUMC Impact Student Ministry, which includes meeting on First and Faith United Methodist Churches' Properties to attend weekly meetings and special events. I understand that off-site activities require an additional permission slip prior to my/our child's participation.
- Recognize that participation in this program is voluntary and at the participant's own risk; therefore, I/we release First and Faith United Methodist Churches, their pastors, staff and volunteers from liability for injuries sustained by my/our child, not due to willful or malicious neglect.
- Grant permission for my child's photograph, video or audio clip to be displayed on church web pages and/or in other official church publications without further notice. I/we acknowledge the Churches right to crop, edit or treat the audio/visual likeness at its discretion. I understand that personal information such as Full Name, Address, phone numbers or email addresses will NEVER BE PUBLISHED.
 - I DO NOT GIVE PERMISSION for use of photographs, videos or audio clips containing my child to be used.
- Do hereby give permission for First and Faith United Methodist Churches and Representatives to render or seek medical care for my/our child in the event of an emergency where such care is needed.

PLEASE LIST ANY ALLERGIES AND MEDICAL RESTRICTIONS:

In the event of an emergency, I understand the church representatives will make every effort to contact me, but should they be unable to, I give permission for them to contact the two following people: (REQUIRED)

1. Name: _____ Relationship: _____
Cell Phone #: _____ Home Phone #: _____
2. Name: _____ Relationship: _____
Cell Phone #: _____ Home Phone #: _____

Date Signed: _____

Parent/Guardian #1 Name PRINTED

Parent/Guardian #1 Signature

Parent/Guardian #2 Name PRINTED

Parent/Guardian #2 Signature

Church Representative Name PRINTED

Church Representative Signature