



Green Mountain United Methodist Church (GMUMC)
12755 West Cedar Drive Lakewood, CO 80228 (303-989-3727)

Youth Group Registration

September 2019 through September 2020

Registrations are kept on file so you only have to fill out specific event permission slips.

As parent/guardian of the minor mentioned herein, I give permission for him/her to participate in youth group programs. Youth's name: _____ Cell #: _____

Youth's Birth Date: _____ Grade: _____ School enrolled in: _____

Texting acceptable: Yes / No Facebook: _____ Youth's Email: _____

Activities Youth is Involved In: _____

For my youth to participate in GMUMC Youth events, from September 2019 through September 2020:

- I understand that my youth may be in the church for some events and for others may be transported by private vehicle or I will be responsible for getting them to and from the events outside the church.
- I understand that signed permission slips are **REQUIRED** for all events not on the church property.
- I understand that I must either pick up or arrange to have someone pick up my youth promptly at the end of the youth meeting/event.

In case of emergency, I can be reached by phone at the following numbers:

_____, or _____ Cell: _____

In case of emergency, and **I cannot be reached**, contact:

Name: _____ Relation: _____ Phone: _____

Doctor's Name: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

My youth's allergies/medical/other concerns, please be **VERY** detailed and specific: _____

Medications your youth might be bringing: _____

(Please give all medications to an adult upon arrival). Specify the schedule / timing that medications should be taken: _____

I will not hold Green Mountain United Methodist Church or its representatives responsible for any incident in which my child is involved. I give permission for medical care in case of emergency. **All information I have provided is true and complete.**

SIGNATURE: _____ Date: _____

Printed name: _____ Relationship to Youth: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's home phone: _____ Parent's cell phone: _____

Parent's email address: _____ Texting acceptable: Yes / No