



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

## Youth Group Registration

### September 2023 through September 2024

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 2023 through September 2024:

- 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