



**St. Luke's**  
UNITED METHODIST CHURCH  
— OPEN FOR YOU —

# 2017-2018\* Youth Registration & Medical Release

St. Luke's United Methodist Church  
100 West 86<sup>th</sup> Street  
Indianapolis, IN 46260  
Phone: 317.846.3404  
Fax: 317.844.1034

## Youth Registration

Student Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's cell phone \_\_\_\_\_ Text? Y/N Family email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Class of \_\_\_\_\_

Parent 1's Name \_\_\_\_\_ phone-home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_ Text? Y/N

Parent 2's Name \_\_\_\_\_ phone-home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_ Text? Y/N

Emergency Contact, if parent cannot be reached \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

Is there a special friend or Small Group Leader your child would like to be placed with? \_\_\_\_\_

I give St. Luke's staff and volunteers permission to publish photographs of my child (please initial) \_\_\_Yes \_\_\_No

## Medical Release

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

Name of Insured \_\_\_\_\_ Relationship to student \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

### Special Health Information:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof:

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

Should this child's activities be restricted for any reason?

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

Any allergies to:     Pollens     Medications     Food     Insect bites

Regular Medications \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

\* September 1, 2017—August 31, 2018

# Covenant of Community Expectations

The following rules and guidelines are equally binding on adult leaders/chaperones and youth.

## NON-NEGOTIABLE RULES

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use or possession of tobacco, illicit drugs or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be in assigned rooms by designated time
- Coed visitation only in assigned community room
- No offensive or immodest clothing.
- No fighting, weapons, fireworks, lighters or explosives.
- Will not break any American laws in the United States or any other country.

## GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Adults and youth will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.
- Sleeping areas for males and females will be separate.

### Youth Participant's (or Adult Leader's) Statement:

*By signing this form, I pledge to honor God and respect others during all activities by following the rules and guidelines printed above. I understand that I cannot participate in activities unless this completed form is on file.*

x		
	Youth Participant's (or Adult Leader's) Signature	Date

### Parent/Guardian's Statement:

*By signing this form, I agree to support the Covenant of Community Expectations printed above, and will accept responsibility for the payment of my child's return transportation should s/he break one of the non-negotiable rules.*

x		
	Parent/Guardian's Signature	Date