

YOUTH HELPER REGISTRATION

Youth Helpers are 6th (Fall 2024)-12th graders who want to share God's love by working with children during VBS. 6TH THROUGH 12TH GRADERS!!!

First United Methodist Church of Bartow

Nazareth VBS

Mon-Fri, July 22-26, 9 am-12 pm

at the FUMC Education/FMS Building

Nazareth VBS Youth Helper Sign Up Form

For Office Use:
Where Helping _____

Youth Helper's Name _____ Age _____
First Last

Grade during school year **2024/25**: _____ Birth date: ____/____/____

Allergies/Special Issues PLEASE COMPLETE: _____

PLEASE HELP US COMPLY WITH OUR CHILD/YOUTH PROTECTION POLICY BY ALSO COMPLETING THE INFORMATION AND MEDICAL AUTHORIZATION SHEET INCLUDED WITH THIS REGISTRATION

Parent/Guardian _____ Phone _____
First Last where you can be reached immediately

Parent/Guardian _____ Phone _____
First Last where you can be reached immediately

Emergency Contact _____ Phone _____
First Last where they can be reached immediately

Is there a particular area you would prefer to help (... or NOT help)?

Tribe (small group) helper, Kitchen, outdoor games/dance, story time skits (if needed and you can do this and another area).



First United Methodist Church of Bartow
310 & 455 S. Broadway Ave
Bartow, FL 33830

863-533-0904
firstumcbartow@aol.com

INFORMATION, PARENTAL CONSENT, AND MEDICAL AUTHORIZATION

Youth's Name: _____ Grade: ____ Age: ____ Birth date: __/__/__

GIVING YOUTH's CELL/EMAIL is permission to contact them about church related activities they are involved in. DO NOT provide this information if you do NOT give permission to contact your child this way

Youth Cell Phone: _____ Email: _____

Parent/Guardian: _____ Email: _____

Address: _____
Street/Apt Number City State Zip code

Parent/Guardian: _____ Email: _____

Address (if different): _____
Street/Apt Number City State Zip code

As the parent/legal guardian of (youth's name) _____ I understand that my youth will be participating in a number of activities for the 2024 calendar year, which carry with them a certain degree of risk. Some of the activities are crafts, running, dancing, field trips, sports and other activities which the church may offer. I consent for my youth 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 such activities.

or

_____ I represent that my child/youth has restrictions on the following particular activities: _____

and

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by adult volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

PLEASE LIST ALL Allergies or other health considerations on the other side of this form. THANK YOU!

Insurance Company: _____ Policy/Group # _____

PHOTO PERMISSION

() I give permission for still or video pictures of my child to be used for promotional purposes or showing at church which might include social media

() I do NOT give permission for still or video pictures of my child to be used for promotional purposes, etc.

Parent/Guardian Signature _____ Date _____