

Valencia Presbyterian Church

2008-2009 YOUTH GROUP REGISTRATION

Participant Name: _____ Male: ___ Female: ___

Address: _____ City/State: _____ Zip: _____

Phone: () _____ Participant Cell: () _____

Participant Email: _____ IM Screen Name: _____

Birthdate: ___ / ___ / ___ Current Grade in School: _____ School Name: _____

Do you own a Bible? ___ Yes ___ No Have you been baptized? ___ Yes ___ No

Have you participated in "Confirmation Classes" and joined a church? ___ Yes ___ No

If Yes, church name where you are a member: _____

Interests (sports, music, computers, etc): _____

In what school, church, and/or community groups do you participate (ex. Football, Dance, 4-H, job)? _____

Parent/Guardian Name(s): _____

Address: _____ City/State: _____ Zip: _____

Phone: () _____ Cell: () _____ Other: () _____

Email: _____

Sibling Names (Ages): _____

Additional Contact if Parent/Guardian is Not Available: _____ Phone: () _____

PERMISSION TO PARTICIPATE

I have read and understand the VPC Youth Group "Mission Statement" and "Code of Conduct" and give my permission for the participant to attend Youth Group programs at Valencia Presbyterian Church, including travel during events via automobile driven by an adult chaperone/leader who is age 21 or older with a valid driver's license.

Signature: _____ Date: _____

RELEASE OF INFORMATION

I understand that the participant's name and contact information may be released only to other participants and the VPC church office. I understand that photos or videos of the participant may be taken and used during worship service, on the VPC website, bulletin boards, quarterly newsletters, or other promotional purposes.

Signature: _____ Date: _____

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MEDICAL AUTHORIZATION FORM

Participant Name: _____

Phone Number to call in case of emergency: () _____ Name: _____

Do you have any special health issues or allergies? ____ Yes ____ No Explain: _____

Do you take any prescription medications? ____ Yes ____ No Explain: _____

Date of last tetanus shot: ____ / ____ / ____

Surgery or serious illness history: _____

Physician's Name: _____ Physician's Phone: () _____

Insurance Company: _____ Insured's Name: _____

Policy #: _____ ID#: _____

* This Medical Authorization Form is valid for 1 year from date below and must be updated in order to participate in youth group activities.

I give permission for the participant to receive emergency medical care if necessary and give adult chaperones/leaders the authority to act on my behalf with respect to their health and safety to administer basic First Aid and to seek professional medical treatment if necessary. I release the Valencia Presbyterian Church and its employees/volunteers from all liability for any injury that may occur while participating in Youth Group related activities both on or off premises.

Signature: _____ Date: _____

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YOUTH GROUP MISSION STATEMENT

The purpose of the Youth Group is to provide communities of belonging through which youth can explore and affirm who they are as gifted children of God and actively live out their Christian faith within the body of Christ and all of God's creation.

YOUTH GROUP CODE OF CONDUCT

Because we are a caring Christian community, we ask that youth and their parents read and initial each of the following:

- Youth Group meetings are open to all youth ages 8 and older. Youth are welcome to bring friends to meetings and activities. They do not need to be members of VPC, however registration and authorization forms will need to be completed by each participant. Younger siblings of youth group members may also attend certain social events provided that the parents are acting as chaperones for that event.
- No youth will be turned away from youth group activities based on financial issues. Fundraisers will be held to assist with financing activities and scholarships may be available through the church or presbytery for other activities. Please discuss any financial issues with the youth director/leader.
- No youth will leave any group activity early, especially an overnight activity, without a parent picking him/her up and contacting the youth director in advance. If a youth leaves, we cannot be responsible for him/her while he/she is absent. Youth may not come and go during activities. If they leave, they may not return unless prior arrangements have been made with the youth director.
- Participants will refrain from use of tobacco, alcohol, narcotic drugs and offensive language during meetings and activities.
- We ask that participants help keep meeting and activity spaces as neat and clean as we found them.
- Christian hospitality, respect, and courtesy are expected of group members at all times to help make our time together as safe and meaningful as possible.
- Confidentiality and trust are important to our developing a safe environment when difficult issues are discussed. We ask that personal information not be shared outside the group unless issues of safety are involved. Parents should understand that certain specific topics such as drugs, sexual activity, or other controversial issues may come up in conversations within the group. These topics will be handled with the utmost respect and with the age and maturity of the youth in mind.
- While drivers age 16 and older with a valid driver's license are permitted to drive themselves to youth group meetings and activities, only drivers over the age of 21 are permitted to transport younger youth to or from activities.

Participant Name: _____ Parent/Guardian Name: _____