

# YOUTH MINISTRIES

# 11-12

INFORMATION PACKET

# WELCOME!

From all of us at Avon Lake United Church of Christ, we truly do welcome you! If you are reading this packet then it is my guess that either you are a teenager, soon-to-be a teenager, a parent or someone who just thinks this is worth looking at. Whatever the case may be, I hope that you find this information helpful and useful and somewhat intriguing. We have put this information together to give you a one-stop introduction to what the youth ministry programs at Avon Lake U.C.C. are all about. I look forward to seeing you at one of our upcoming worship services, youth meetings or other activities. In the meantime if you have any questions, please don't hesitate to get a hold of me. I can be found just about anywhere including email, cell phone, text, Twitter, Facebook, old-fashioned letter, fax, phasing out my Myspace or just stop-in to the office and say hi! We are looking forward to a great year and hope that you will be a part of all that God has in store for us!

Blessings & Peace,

Nate Taylor  
Director of Youth Ministries  
[nate@thealucc.org](mailto:nate@thealucc.org) 440.503.2549

## PURPOSE STATEMENT

Avon Lake U.C.C. Youth Ministries exists to ENGAGE youth in our community with opportunities to SERVE God and God's people, and CONNECT them with others who have a desire to learn and GROW in faith, all in a supportive, accepting environment.

[WWW.THEALUCC.ORG/YOUTH](http://WWW.THEALUCC.ORG/YOUTH)

# AVON LAKE U.C.C. <sup>2011-12</sup> YOUTH REGISTRATION FORM

NAME: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Closest Crossroads: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_

Youth Email: \_\_\_\_\_

Youth Cell Phone: \_\_\_\_\_

Facebook: YES NO

Twitter: YES NO

Parent(s)/Guardian(s): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Parent/Guardian cell phone: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Parent/Guardian cell phone: \_\_\_\_\_

Have you been confirmed? \_\_\_\_\_

Do you have a job? \_\_\_\_\_ Where? \_\_\_\_\_

Dates of Winter Break: \_\_\_\_\_

Dates of Spring Break: \_\_\_\_\_

Teams/Clubs/Extracurricular Activities

(We would love to have your schedule so we can cheer you on!):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GRADE: \_\_\_\_\_

# AVON LAKE U.C.C. YOUTH MINISTRIES

## PERMISSION/WAIVER FORM

2011, 2012

### YOUTH INFORMATION:

Name of Youth: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Age of child: \_\_\_\_\_ Academic Grade: \_\_\_\_\_  
Name of Parent(s)/Guardian(s): \_\_\_\_\_  
Address (if different from youth's): \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_  
EMERGENCY CONTACT PHONE #: \_\_\_\_\_

### MEDICAL/DENTAL INSURANCE INFORMATION :

Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Insurance Company Phone: \_\_\_\_\_  
Policy #: \_\_\_\_\_

### HEALTH HISTORY: (please check all that apply)

Asthma  Sleep Disturbances  Heart Problems  Upset Stomach  
 Frequent Headaches  Frequent Colds  Seizures  Motion Sickness  
 Vision Impairment  Hearing Impairment  Physical Disability  Mental  
Disability  Mental/Behavioral Disability  Back Problems  Other

If you checked any of the above, please explain:

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

### SWIMMING ABILITY:

Non-Swimmer  Beginner  Moderate  Advanced

## ALLERGIES :

Food –

Penicillin or other drug –

Insect stings/bites –

Poison sumac, oak or ivy

## MEDICATION :

Is your child currently taking prescription or non-prescription medication?

If yes, what medication(s)?

What is the frequency and size of the dosages?

If you give your child permission to administer his/her own medication, please sign here:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## PUBLICITY CONSENT :

On occasions, Avon Lake U.C.C. takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in Avon Lake U.C.C. publications or advertising materials to let others know about its ministries. I hereby consent to the use of any such audio or visual record of my child as Avon Lake U.C.C. sees fit. This consent includes but is not limited to photographs, videos and audio recordings.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## RELEASE OF LIABILITY :

By signing this waiver form, I grant permission for the child named above or me, if I am a participant, to participate in and engage in the 2011, 2012 youth group events of the Avon Lake United Church of Christ. My child or I are physically and mentally able to participate in these activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in the said activities, and have discussed them with my child if necessary.

I release the Avon Lake United Church of Christ, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities. In the event of an emergency in which I or the emergency contact cannot be reached, I authorize the adult leaders to make medical decisions for my child, and to administer first aid if deemed necessary.

I further agree to indemnify and hold harmless the Avon Lake United Church of Christ and its affiliates, volunteers, and employees of any and all claims arising from my child's or my participation in activities or as a result of injury or illness of my child or me during such activities.

I represent that I am the participant, or the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the Permission/Waiver form and am fully in agreement with the contents thereof. I give permission for the child named above or I to fully participate in the activities of the Avon Lake United Church of Christ.

\_\_\_\_\_  
Signature of Participant of Parent/Guardian

\_\_\_\_\_  
Date

## YOUTH AGREEMENT: :

I agree to participate in the functions and activities of Avon Lake U.C.C., to cooperate with the leaders and other young people and to conduct myself in an acceptable manner. I promise to respect God, other people, property and myself. I understand that my continued participation in Avon Lake U.C.C. activities depends on my support of this agreement.

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

AVONLAKE U.C.C. 32801 ELECTRIC BLVD. AVONLAKE, OH 44012 440.933.3241

[www.thealucc.org/youth](http://www.thealucc.org/youth)