

Maggie United Methodist Youth Group 2010

Hello Parents!!

It's that time of year again! We need your help to update your youth's personal and medical information for the church. This information is required by The Safe Sanctuaries Policy of The United Methodist Church and is important for the safety of your youth while participating in church-sponsored events. Please take a few minutes to fill out the attached information forms and return to Maggie UM Church's office.

This information is required for your child to leave church premises. Any youth that does not have this information on file will not be able to attend special youth group trips or functions.

Questions? Contact:

Barby Bowser (828) 627-3575 barbybowser@gmail.com

Return to:
Maggie UMC
4192 Soco Rd
Maggie Valley, NC 28751

2010 Youth Meeting Information

Regular Meetings

Times & Places:

- **Sunday from 5:00-6:30 p.m. at Maggie UMC**
- **Wednesday from 6:30-8:00 p.m. Even months at Maggie UMC Odd months at Peachtree UMC**

In the event that we must cancel a youth meeting, we will announce it in the bulletin, during church announcements, and if necessary by phone call.

Drop Off & Pick Up

Parents, please wait with your youth at the church until an adult youth volunteer is present – usually 15 min before start time. Also, please be at the church by 6:30 p.m. to pick up your youth. On rare occasions that we plan to go past 6:30 p.m., we'll let you know in advance.



Typical Sunday Night Breakdown:

5:00-5:15 Snacks, hanging out, free-play

5:15-5:45 Games and activities

5:45-6:25 Discussion, Worship, and Growing Spiritually Together

6:25-6:30 Dismissal and Parent pick-up

Each meeting is lead by at least 2 adults. If you would like to be volunteer youth leader, please let Barby Bowser or Richard Buff (pastor) know.

What age do I have to be? Age 11 -12th grade is considered part of the youth group.

A Note on Conduct during Youth Gatherings:

As a group, we have written and adopted a **Youth Group Covenant**. Each youth that attends our weekly gatherings or special activities will be expected to conduct themselves according to this covenant. If they do not, for the first offense they will be **given a warning** and if disruptive behavior continues, their **parents will be contacted** and they will be asked to leave the group. They will be welcome to return when they demonstrate willingness to abide by the Youth Group Covenant. Youth Group must be a **SAFE** and **WELCOMING** place for all our youth.



Special Activities

There will be times during the year when we'll have special activities such as a group service projects, fun trips, or fund raisers. We decide on these activities during our Winter and Summer retreats.

Service Projects – Service projects will be scheduled for Saturdays during the school year and on various days throughout the summer vacation.

Fund raiser – One fund raiser will be conducted by the entire youth group to help with costs for trips, activities, and Sunday night gatherings. Additionally, the high schoolers may decide to hold a second fund raiser to assist with costs for a “High School Only” trip.

Fun Trips/Activities Participation Policy– We will have a variety of fun trips and activities planned throughout the year! Anyone planning to attend the fun trips who wishes to receive help with costs from the church must participate in the fundraiser(s) and at least 1 service project. For any overnight trips, youth must attend Sunday or Wednesday night meetings at least 70% of the time, help with fundraiser and 1 service project, and must attend all pre-trip information meetings.

**** Please Return Consent, Health, and Youth Information Forms by Jan. 31, 2010 ****

Maggie Valley United Methodist Church

2010

Parental Consent and Health History Form

(Please Print or Type)

Youth Information

Full Name: _____ Nickname: _____

Age: _____ Birthdate: _____ Gender: _____ Current Grade & School: _____

Youth Information

Parent/Guardian's Name: _____ Church you attend: _____

Primary Mailing Address: _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell/Other Phone: (____) _____ Parent e-mail: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

ALLERGIES

List all known allergies including those involving medication, food, insect, asthma, hay fever and other allergies. Describe reaction and management of the reaction.

ALLERGIES

REACTION AND MANAGEMENT

MEDICATION: Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. When participating in an outing, please bring enough medication to last the entire time of the trip. **Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. All medications must be checked in to Adult staff upon arrival.**

NO Medications on a routine basis

Medication taken as follows: Attach additional pages for more medications, if necessary.

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking: _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking: _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking: _____

Identify any medications taken that your youth does not/may not take during a weekend outing: _____

(continued on reverse)

SPECIAL NEEDS/RESTRICTIONS

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) and provide any information that will enable us to create a healthy, helpful environment for your youth. Please include: recent injuries of illnesses, medical conditions requiring treatment (i.e. surgery, overnight hospital stays, ongoing conditions, etc.), behavioral/learning challenges and suggested disciplines, emotional needs/concerns, hearing impairments, visual impairments, bedtime habits and any special routines.

Please list any **dietary** restrictions (other than allergies listed above) with explanation:

PHYSICIAN INFORMATION

Name of Physician: _____ Phone:(____) _____

I examined this individual on _____. (A physical exam is recommended but not required for attendance.)

In my opinion, the above applicant is is not able to participate in an active youth program.

Comment: _____

Physician's signature: _____ Date: _____

Tetnus Current Date: _____

Immunizations Current Date: _____

INSURANCE INFORMATION

Carrier or Plan Name: _____ Group #: _____

Carrier's Address: _____ Name of Insured: _____

Relationship to Youth: _____ Policy holder's social security # or insurance ID#: _____

PARENT/GUARDIAN AUTHORIZATION (for those under 18 years of age)

I, the undersigned parent/guardian, give permission for the above named to participate in the Maggie Valley United Methodist Youth Group activities. I hereby give permission for my child to ride in the church van or other approved church vehicle driven by an approved and insured driver for special youth activities. I have read the Youth Covenant and agree that my youth will abide by the Covenant during all youth gatherings or be subject to actions stated in the Youth Meeting Information Sheet. I have read the Fun Trips/Activities Participation Policy in the Youth Meeting Information Sheet and agree that my youth needs to attend all required functions so that he/she may participate. I hereby give permission to the church and its representatives to obtain routine health care, including administration of non-prescription (over-the-counter medicines) as necessary, and in the judgment of a health care provider or church designee, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. The following health history is correct and complete as far as I know. The person herein described has permission to engage in all youth activities except as noted. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the health care provider or church designee to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips.

Signature of parent/guardian: _____ Date: _____

After completing both sides of this Health & Consent Form, please return this to Maggie Valley Methodist Church. This form will be retained on file for one year at the church. Please notify the church with any change to the medical information contained herein.

Maggie Valley United Methodist Church
4192 Soco Road
Maggie Valley NC USA 28751

Phone: (828) 926-8036
Email: youth@maggieumc.org
Fax: (828)926-8036

Maggie Valley United Methodist Church

2010

GETTING TO KNOW YOU (To be filled out by youth)

Name : _____ Today's Date: _____

Address: _____ Birthday: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ AIM/Yahoo Messenger Screen Name: _____

MySpace / Facebook / Website Address: _____

Parent or Guardian's Name: _____

Sibling's Names: _____

School: _____ Age: _____ Grade: _____

Favorite Subject: _____ Least Favorite Subject: _____

Do You Play on a Sports Team? Y__ N__ If so, which sports, team, and position?

Do you play any musical instruments? Y__ N__ If yes, which instrument(s)?

Are you in a school or community choir? Y__ N__ If yes, name of choir & position?

Are you in any other school or community activities? Y__ N__ If yes, please list:

Please list your favorite hobbies: _____

Do you have your own Bible? Y__ N__ If not, would you like one? Y__ N__

Please list any other information you would like us to know about you:

Maggie Valley United Methodist Church

Phone: (828) 926-8036 Address: 4192 Soco Rd., Maggie Valley, NC 28751
www.maggiemc.org/youth

Youth Covenant

By signing this covenant, I agree to follow these guidelines during each of the MUMY meetings and events so that I may be an example to others and fulfill the mission of the Maggie UMC Youth Ministry.

I promise to ...

- Respect others and their property
- Respect my body, health, and the health of others
- Respect the leadership of the adult youth workers and volunteers
- Leave my cell phone at the door or with the appropriate adult leader
- Have a positive attitude
- Use positive appropriate language that builds others up remembering:
 - no gossip
 - no peer pressure
 - no making fun of others
 - no vulgar language
- Keep my voice at an appropriate volume for where I'm at
- Act my age
- Wear clothing that is modest and does not make others uncomfortable
- Use appropriate romantic behavior towards others (ie, nothing I wouldn't do around my parents)
- Follow Jesus' example and live by this covenant in my everyday life
- Laugh and have fun

I agree to follow this MUMY Covenant which is also the Code of Behavior for all persons that participate in the MUMY events. I understand that if I violate any of these rules, I will be counseled by the youth leader in the presence of another adult youth worker. If the violation is serious, the youth leader has the option of calling my parent/guardian and/or sending me home at my parent/guardian's expense.

Youth Name (printed): _____

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Youth Leader Contact Info:

Barby Bowser 627-3575 barbybowser@gmail.com