

Pleasant Grove United Methodist Church  
Children & Youth Ministries  
Registration Form

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School: \_\_\_\_\_ Grade: \_\_\_\_\_ Track (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_  
 Cell Phone (if applicable): \_\_\_\_\_ Leaders Can Text: Yes T-Shirt Size: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_  
 E-mail Address (if applicable): \_\_\_\_\_ Instagram Handle (if applicable): \_\_\_\_\_

What are your church interests?

Music	Outreach	One-Time Events
Youth Group	Mission Trips	Leadership Opportunities
Bible Study	Small Group	Sunday School
Participating in Worship (Acolyte, liturgist, etc.)		

What times work best for your schedule?

Sunday Mornings	Monday Nights	
Sunday Early Afternoon	Wednesday Nights	
Sunday Late Afternoon	Thursday Nights	

Pleasant Grove wishes to support you outside of the church as well. Is there an event (i.e. soccer game, dance recital) that we can support you at?

I hereby agree that I will abide by all written and oral instructions given to me by any PGUMC youth adult leader. I understand that if I do not abide by the instructions, my parents will be contacted by a PGUMC youth adult leader and there is a possibility of immediate removal from the group activity. (Age 10 & up)

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Parent/Guardian Name:

Parent/Guardian Address:

Parent/Guardian Contact Number:

Parent/Guardian E-mail Address:

Would you like to follow the PGUMC Youth Instagram account? Yes Parent/Guardian Instagram Handle:

Parent/Guardian Name:

Parent/Guardian Address (if different than above):

Parent/Guardian Contact Number:

Parent/Guardian E-mail Address:

Would you like to follow the PGUMC Youth Instagram account? Yes Parent/Guardian Instagram Handle:

Additional Parent/Guardian Name and Info:

If parents cannot be reached in the event of an illness or emergency, we should notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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Medical Information

Insurance Company:

Policy/Group #:

Insured's Name:

Hospital Preference:

Physician's Name:

Phone:

Please list all prescriptions, allergies (food and drug), and medical conditions:

If medication is needed, who should dispense drugs? Youth (self-care) Leader

Please note any information that would be helpful for leaders to best care for your child/youth (i.e. special needs, behavior modification tips)

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Parental Consent

I, (parent/guardian) \_\_\_\_\_ hereby give authorization to the Pleasant Grove United Methodist Church (PGUMC) youth adult leader(s), in whose care (youth's name) \_\_\_\_\_ has been entrusted, to administer medications and consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to my child under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services of the above named youth pursuant to this authorization.

I, also, hereby give permission for my child to ride in any vehicle designated by the adult leader in whose care my child has been entrusted while attending and participating in this program. I understand that it is the policy of PGUMC that I am responsible for my youth driving themselves to and from events. If meeting at the church first, and then going off campus, youth may not drive themselves or others to and from the event.

I agree that my child's picture can be posted on the church's website or social media. No names will be used.

I agree that leader's can text my youth when discussing events, providing support, or discussing spirituality.