

Saint Luke United Methodist Church Permission Release Form 2025-2026

I do hereby certify that my child, _____, has permission to:

Participate In all trips planned by St. Luke UMC from August 1, 2025 to July 31, 2026 ____yes ____no

Have their picture in the church newsletter, television, website, or social media in association with St. Luke UMC (their names will not be used) ____yes ____no

I understand that it is the expectation of St. Luke UMC that my child will remain for the duration of the scheduled event unless their parents notify the Youth Director, prior to the day of departure, of the youth's early exit from the scheduled event.

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with St. Luke United Methodist Church, every reasonable effort will be made to contact the persons listed. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Consideration should be given to those adults in attendance with the group.

I understand that St. Luke United Methodist Church does not carry accident or medical insurance on participation volunteers. I agree that my insurance company will be used for such medical expenses. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance and that I am responsible for the payment of any medical bills.

Please sign below:

Signature of Legal Guardian

Signature of Legal Guardian

Date Signed

Date Signed



Saint Luke UMC Youth Conduct Covenant 2025-2026

As either a member of Saint Luke UMC, or the Saint Luke UMC Youth program I agree to uphold the following covenant in all my actions while a part of all events with Saint Luke United Methodist Church.

General Standards of Conduct:

- I will participate in all activities unless excused by an adult leader.
- I will respect and follow any and all directions given by an adult leader or chaperone.
- I will not leave the designated area of activity unless with the permission of an adult leader and only then in the company of another person.
- I will arrive at the prearranged place at the prearranged time.
- I will not engage in any excessive displays of affection or any sexual activity.
- I will not bring anything considered illegal for minors under civil or law to any youth event. This includes but is not limited to; drugs, alcohol, firearms, weapons, and fireworks.
- No social media posting or sharing on real or fake profiles, sharing text messages, photos, or videos that reflect poorly on St. Luke UMC, the youth program at St. Luke, the St. Luke UMC Youth Pastor, St. Luke UMYF Counselors, or fellow peers.
- My conduct, language, and appearance will be in keeping with the highest Christian regard for all persons – including myself.
- No derogatory comments to anyone about someone's gender, race, age, nationality, sexual orientation, or any other social created classification.

Sunday Night Youth Standards of Conduct:

- I will respect ALL areas of the church or any other place we may be.
- I will not be on my phone for the short hour and a half I am with my youth program. I acknowledge that this is a sacred time and a time of fellowship and I would not want to hinder that time with an unnecessary distraction.

Youth Retreats/Lock-in/Overnight Events/Other Events

- I will abide by the rules given to me before each retreat as well as those already listed.
- Youth cannot drive themselves or any other youth to any overnight event or retreat.
- While on a retreat all the rules on this document plus whatever are given by the Youth Director or other adult counselors. This includes, but is not limited to...
- No one outside of the St. Luke UMYF Program is allowed in the youth's rooms at retreats.

- No leaving the room after curfew or while the rooms are locked and taped.
- Doors to hotel rooms must remain OPEN while members not assigned to the particular room are in the room.

Youth Signature _____ Grade _____ Date: _____

Parent Signature _____ Date: _____

Youth Director's Signature _____ Date: _____

Youth Information and Contact Form

Youth Student First Name: _____

Youth Student Last Name: _____

Gender: _____ Birthdate (Month, Day, Year): _____

Address: _____

Apartment/Suite/etc.: _____

City: _____ State: _____ Zip/Postal Code: _____

Youth Email: _____

Youth Phone Number: _____

Grade for the 2025-2026 school year: _____

School for the 2025-2026 school year: _____

Parent/Guardian Contact Information

First Parent/Guardian:

Parent/Guardian first and last name: _____

Cell phone number: _____

Home/work phone number: _____

Email: _____

Second Parent/Guardian:

Parent/Guardian first and last name: _____

Cell phone number: _____

Home/work phone number: _____

Email: _____

Medical Release Form

Youth Student First and Last Name: _____

Gender: _____ Birthdate (Month, Day, Year): _____

Address: _____

Apartment/Suite/etc.: _____

City: _____ State: _____ Zip/Postal Code: _____

Emergency Contact #1

First and last name: _____

Relationship to Youth: _____

Address: _____

Apartment/Suite/etc.: _____

City: _____ State: _____ Zip/Postal Code: _____

Cell Phone Number: _____

Home/work phone number: _____

Email: _____

Emergency Contact #2

First and last name: _____

Relationship to Youth: _____

Address: _____

Apartment/Suite/etc.: _____

City: _____ State: _____ Zip/Postal Code: _____

Cell Phone Number: _____

Home/work phone number: _____

Email: _____

Medical Information

Insurance Company: _____

Insurance Phone Number: _____

Insurance Policy Number: _____

Policy Holder's ID Number: _____

Name of Physician: _____

Physician's Phone Number: _____

Physician's Address: _____

Apartment/Suite/etc.: _____

City: _____ State: _____ Zip/Postal Code: _____

Name of Dentist: _____

Dentist's Phone Number: _____

Dentist's Address: _____

Apartment/Suite/etc.: _____

City: _____ State: _____ Zip/Postal Code: _____

Date of last Tetanus shot (Month/Day/Year): _____

Please list any allergies your youth student has: _____

Please attach a copy of your youth's insurance card (front and back) OR send a copy of your youth's insurance card (front and back) to art69@duke.edu.

Join Our GroupMe!



I attest that I, the parent/guardian, have joined the St. Luke Youth GroupMe:

Parent/Guardian Signature: _____

I attest that I, the student, if allowed to by my parent/guardian, have joined the St. Luke Youth GroupMe:

Student Signature: _____