

Church of the Covenant United Methodist Church
YOUTH MINISTRY MEMBERSHIP FORM

Remit to: Youth Ministry Department, Way of the Covenant United Methodist Church 300 East Martial Avenue, Lafayette, LA 70508
Office Phone: 337-981-2088 Youth Ministry Department Email Address: youth@covenantum.org Church Website: www.covenantum.org

Participant's Information Full Name _____
Date of Membership _____ Date of Birth _____
Sex ____ Male ____ Female School _____ Grade ____
Address _____

Home Phone _____ Cell Phone _____
Who in your family is a registered member of this church? _____

Father's/Guardian's Information

Full Name _____
Work Number _____ Cell Phone _____
Email(s) _____

Mother's/Guardian's Information

Full Name _____
Work Number _____ Cell Phone _____
Email(s) _____

Marital Status ____ Married ____ Single ____ Separated ____ Divorced ____ Remarried
Teen lives with ____ Parents ____ Father ____ Mother ____ Guardian ____ Other
Teen has received the Christian rites of ____ Baptism ____ Confirmation

Emergency Contact Name _____ Phone _____

Teen has permission to drive to offsite youth events ____ Yes ____ No ____ Does not drive
Would you be willing to volunteer with our youth program?

Name _____ Phone _____

Please indicate any specific concerns that our Youth Ministry Team should be aware of for your teen. Academic, Physical, Behavior (Use back of page.) _____

Does your teen play a musical instrument? What kind? _____

I give permission for my child's picture to be taken as a part of youth ministry activities and to be used in any promotion of our church's youth activities including our website.

Signature of Youth Participant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____