Asbury United Methodist Church



Registration Form 2025/2026 School Year

(Valid 9/2025 – 9/2026)

6th through 12th Grade - Sunday Evenings 6:00 – 8:00 pm (*Please complete one form for each GGSM youth.*)

| Youth Name | | Age | |
|--|---------------------------|--|--|
| Birth Date | Grade | School | |
| Parent/Guardian Names | | | |
| Address | | | |
| Parent Cell | | Youth Cell | |
| Parent E-mail_ (Email addresses are use | ed for GGSN | Youth E-mail M updates.) | |
| | | ts/guardians cannot be reached) | |
| | | Phone: | |
| | | Phone: | |
| Insurance Information: Policy# | Ins | surance Co | |
| Policyholder's Name: | | | |
| Health Information: Current Medications | | | |
| Is the youth allergic to an If yes, please list specific | y medicatio medication | on? Yes No (circle one) as the youth is allergic to: | |
| | the youth is | s allergic to: | |
| , , , , , , , , , , , , , , , , , , , | | ns the youth has: | |
| Youth's Name Printed: | | | |
| Parent's/Guardian Signa | ture: | Date: | |

(Please complete other side.)

FOOD ALLERGY POLICY

In many ministries and programs at Asbury, food is often a key component. While we try to be as sensitive as possible to persons with food allergies, volunteers often prepare and serve food that may inadvertently contain ingredients that could cause allergic reactions. Parents must be responsible for determining if their child can participate in the preparation or consumption of foods offered.

PERMISSION TO PHOTOGRAPH OR VIDEOTAPE

During GGSM activities, we may photograph or video the youth and then use these images for public viewing including the church website, bulletin boards, and promotional materials for the church including social media. Your child's name will not be mentioned. If you do not wish to have your child's image appear in such things as photographs, the church website or a video, please notify the church in writing. It is assumed that parents and guardians give their consent unless such notification is received.

| I give my permission for | | | |
|--|-------|--|--|
| By signing below, I acknowledge that I have read the above and agree. | | | |
| Signature of Parent/Guardian_ | Date | | |
| Print Parent/Guardian's Name | | | |
| | | | |
| YOUTH COMMITMENT | | | |
| I realize that I am an important part of the Asbury GGSM. When participating in all GGSM and church activities, I recognize the fact that my individual actions are not merely a reflection of myself, but also a reflection on GGSM and my church. I commit to a sense of caring for others as was taught by the example of Christ's love for all people. | | | |
| HONOR CODE | | | |
| The mission of God's Garage Student Ministries (GGSM) is to Disciple Arnold's youth to impact the world for Jesus. At GGSM, we commit to living out the following values: Authenticity: We will seek to be open and honest with each other. Our youth ministry is a place to take off our masks, be ourselves, and be accepted for who we are. Confidentiality: We agree that whatever is shared here stays here.* This includes what is shared through in person conversations and electronic communication. We want this group to be a safe place to grow. *There are exceptions to "whatever is shared here stays here" as youth ministry includes minors. In an effort to keep everyone safe, if a Youth Leader gains information that a youth has or is going to harm themselves or another, then the Youth Leader is required to report information to parents/guardians /proper authorities. Respect: We agree to communicate in ways that are respectful, and to give advice only when it is requested. We are all at various points on our spiritual journeys. We commit to giving each other grace and not judging one another. To be respectful to all, once at an event please remain present until the end; If leaving early a parent/guardian must come in to the building to get you. Positivity: Negativity weighs us down, so we strive to communicate in a way that is filled with hope and encouragement. Welcoming: We agree to keep an empty chair for others and reach out to other youth who need this place of caring and growth. | | | |
| Youth's Name Printed: | | | |
| Youth Signature: | Date: | | |