



Presbytery of New Covenant
PYCC 2018 – 2019
 PRESBYTERIAN YOUTH CONNECTION COUNCIL
YOUTH APPLICATION



Complete application and submit to your Pastor, Christian Educator, or Youth Director for evaluation, selection and endorsement.

Full Name _____

What is your preferred first name for your name tag? _____

Male Female Date of Birth ____/____/____ Grade Fall 2018 _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Cell Phone _____ Permission to Text Message _____ Yes _____ No

T-Shirt Size: Small Medium Large X-Large 2X-Large 3X-Large

CHURCH _____ CITY _____ PHONE _____

PARENTAL / GUARDIAN INFORMATION

Parent (MOTHER) / Guardian Name: _____

Home _____ Cell _____ Work _____

Email _____

Parent (FATHER) / Guardian Name: _____

Home _____ Cell _____ Work _____

Email _____

ENDORSEMENT BY CHURCH:

I verify that the applicant is an active member of our congregation and is endorsed by the session to serve on the Presbytery's Youth Connection Council (PYCC).

Signature of Pastor, Christian Educator, Youth Leader (please circle one) Date

Please list two adult church members who may serve as a reference for you:

Name: _____ Phone: _____

Name: _____ Phone: _____

Briefly describe your relationship with Jesus Christ and the role of the church in your life:

Briefly describe activities in which you have participated in your church, school, community, etc.:

Briefly state why you would like to serve on PYCC and what you hope to gain from the experience:

Briefly describe particular gifts, talents, abilities, personality traits, etc. you would contribute to PYCC:

Within PYCC, there are seven ministry teams on which you can serve: Music, Mission, Worship, Curriculum, Keynote, Recreation and AudioVisual. Which two areas would interest you most and why?
If music is one of them, please list any musical instruments you play.

(Please use the back of page to answer questions if needed)

I have read the Statement of Purpose for PYCC and the Expectations of Members and if selected covenant to be an active and committed member of the Council.

Youth Signature _____ Date _____

Parental Signature _____ Date _____

Presbytery of New Covenant - PYCC

PARENT/GUARDIAN SUPPORT & TRAVEL CONSENT FORM

Presbyterian Youth Connection Council (PYCC) offers its members the opportunity to serve the church and their peers as they plan and implement presbytery-wide youth events. It is hard work and makes demands on busy schedules, but the experience is also very rewarding and faith-building. It is our goal that **PYCC** members will grow in spiritual maturity and develop leadership and planning skills, experience many unique events and opportunities, and make lasting friendships with other youth and adults from around the presbytery.

An important component of an effective **PYCC member** is parents/guardians of the youth who are supportive of their responsibilities and are willing to encourage their active participation on the council. If your child serves on **PYCC**, we need to know that it meets with your approval and that you will provide encouragement and support, as well as ensure transportation arrangements to and from events and meetings.

Consent & Commitment:

I hereby grant my permission and promise my support for _____
Name of Youth Applicant
to participate fully in the Presbyterian Youth Connection Council of the Presbytery of New Covenant. I also authorize and permit the Presbytery of New Covenant to furnish any necessary transportation, food and lodging for my child during scheduled activities.

Signature of Parent/Guardian _____

Presbytery of New Covenant - PYCC

PERMISSION TO USE LIKENESS

I, _____ (parent/guardian), do hereby give permission for my dependent child's likeness and/or photograph to be used for informational and promotional purposes (print, video, multimedia, and internet) for the Youth Ministries of **the Presbytery of New Covenant**.

The Presbytery of New Covenant agrees to make every effort to protect the privacy and dignity of your children. We will never include biographical information in connection with your child's picture/likeness. (Full name, address, e-mail address, etc.) Additionally, if you or your dependent request that a picture be removed, it will be done so immediately. In the case of an internet picture, this will be done as soon as possible. In the case of a printed picture, this will be done the next time it goes to print.

Name of Youth _____

Parent/Guardian Signature _____ Date _____

Presbytery of New Covenant - PYCC
YOUTH MEDICAL INFORMATION CONSENT FORM
Time Period: August 1, 2018 to April 30, 2019

Name _____ Gender _____ Date of Birth ____/____/____

IN CASE OF EMERGENCY CALL:

Name _____ Home Phone _____ Cell Phone _____

Home Address _____ City _____ State _____ Zip _____

ALTERNATE CONTACT: *(someone besides parents/guardians)*

Name _____ Home Phone _____ Cell Phone _____

Home Address _____ City _____ State _____ Zip _____

MEDICAL INFORMATION:

Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.)

Carry Epi Pen? ____ YES ____ NO Carry Inhaler? ____ YES ____ NO *Please include a note of medical necessity from Doctor.

Please list any medications this child is presently taking:

Please list all health restrictions, pre-existing or present medical conditions, or dietary needs:

Family Doctor: _____ Phone: _____

Name of Insurance Company: _____ Phone: _____

Policy Number: _____ Group Number: _____

My child does not (I do not) currently have health insurance.

I, the parent/guardian of said child hereby give permission for him/her to attend and participate fully in the activities conducted by the Presbytery of New Covenant's Presbyterian Youth Connection Council during the time period of the dates listed above. I also give my child permission to take part in Camp Cho-Yeh based activities related to PYCC including planning retreats and conclave staffing weekends.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event of an emergency and I cannot be reached or the alternate contact person cannot be reached, I hereby give my permission to the physician selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that all safety precautions will be taken at all times by the Presbytery of New Covenant and its leaders during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Presbytery of New Covenant, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by said child. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Parent/Guardian Signature

Date

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