

# FLAME, LIFE, and TUXIS Registration

Family Name \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Family E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Child #1 Name \_\_\_\_\_ Youth Cell Phone Number \_\_\_\_\_

Phone: Dad's Cell Mom's Cell other

Youth E-mail Address \_\_\_\_\_

Phone: Dad's Cell Mom's Cell other

Do we have permission to contact you and your child/ children by text via the Remind.com app?

\_\_\_Yes \_\_\_No

School \_\_\_\_\_ Grade \_\_\_\_\_

What other activities does your family have? (choir, hockey, football, debate, etc.):

Birthday \_\_\_\_\_ Age \_\_\_\_\_ T-shirt size \_\_\_\_\_

Child #2 Name \_\_\_\_\_ Youth Cell Phone Number \_\_\_\_\_

Youth E-mail Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ T-shirt size \_\_\_\_\_

Child #3 Name \_\_\_\_\_ Youth Cell Phone Number \_\_\_\_\_

Youth E-mail Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ T-shirt size \_\_\_\_\_

Are you interested in reviewing, making recommendations, and supporting the youth programs at GPMC? If so, please consider joining the Christian Education (C.E.) Council. If you check yes below, you will be referred to Nominating Council for possible inclusion in the C.E. Council. Thanks for considering supporting youth ministry in this way!

\_\_\_Yes \_\_\_No

*In order to assure that all youth in the church are able to participate in activities, scholarship money is available to cover a portion of the activity fees or event-related fees throughout the year. If you would like to discuss this possibility further, please contact the Christian Education office.*



GROSSE POINTE MEMORIAL CHURCH  
**Photo Release Form**

I hereby grant permission to Grosse Pointe Memorial Church to use my and/or my minor child's photograph on its World Wide Website or in other official Memorial printed publications for the purpose of promoting Memorial ministry without further consideration, and I acknowledge Memorial's right to crop or treat the photograph at its discretion. I also acknowledge that Memorial may choose not to use my photo at this time, but may do so at its own discretion at a later date.

To maintain privacy, all photographs of minors will have first names published only. I also understand that once my image is posted on the Grosse Pointe Memorial Church website, the image can be downloaded by any computer user on or off church property and I agree not to hold the church responsible in such event.

I DO GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

I DO NOT GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

Name: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Grosse Pointe Memorial Church**

16 Lakeshore Drive  
Grosse Pointe Farms, MI 48236  
(313) 882-5330

**LIMITED POWER OF ATTORNEY**

For Emergency Medical Treatment, Travel and Consent

September 15, 2021 through March 15, 2022

Name of Dependent \_\_\_\_\_ Birth date \_\_\_\_\_

Food Allergies \_\_\_\_\_

Other Allergies/Injuries \_\_\_\_\_

Medications being taken \_\_\_\_\_

I hereby grant to the following individuals:

Lisa Turner, Rev. Sarah Godbehere, Camilla Davies or any of the designated Advisors of the Grosse Pointe Memorial Church PC (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330, the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

This limited power of attorney is given pursuant to the provision of P.A. 1998 No. 386, Section 5103 of the Estates and Protected Individuals Code, as amended, and is effective September 15, 2021 through March 15, 2022. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Relationship to child Date

\_\_\_\_\_  
Street Address City, State, Zip

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Numbers \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_



**Grosse Pointe Memorial Church**

16 Lakeshore Drive  
Grosse Pointe Farms, MI 48236  
(313) 882-5330

**LIMITED POWER OF ATTORNEY**

For Emergency Medical Treatment, Travel and Consent

**March 16, 2022 through September 16, 2022**

Name of Dependent \_\_\_\_\_ Birth date \_\_\_\_\_

Food Allergies \_\_\_\_\_

Other Allergies/Illnesses \_\_\_\_\_

Medications being taken \_\_\_\_\_

I hereby grant to the following individuals:

Lisa Turner, Rev. Sarah Godbehere, Camilla Davies or any of the designated Advisors of the Grosse Pointe Memorial Church PC (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330, the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

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\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Relationship to child                      Date

\_\_\_\_\_  
Street Address                      City, State, Zip

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Numbers \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_



## **COVID response plan for Grosse Pointe Memorial Church youth groups**

### ***Precautions for Youth Meetings***

In order to prevent transmission of COVID-19, gatherings will be outdoors on Trinity Terrace. If the weather is too bad to meet outside, a similar program will be held indoors. Attendees at in-person events must wear masks the entire time and should respect social distancing. Everyone is encouraged to bring their own water bottle and mask. Disposable masks will be provided for anyone who needs one.

### ***Responding to COVID-19 Symptoms On-Site***

If a youth, staff member, or volunteer has a temperature above 100.4 degrees and/or symptoms such as persistent cough, difficulty breathing, chills, diarrhea, or vomiting, they will be sent home immediately with the recommendation to contact their primary care physician/medical provider.

If anyone shows emergency warning signs (e.g., trouble breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), we will seek medical care immediately. If we cannot get a cellular phone connection, adult advisors will use the walkie talkie in the garage to contact the sexton on duty, who will call 911 from the church landline. Police can also be called by pressing the panic button in the garage.

If a youth develops symptoms during youth group:

- Parents will be contacted for prompt pick-up.
- The youth will wait for pick-up away from the rest of the group near the garage. They must remain in view of other adult advisors. At least one adult advisor will wait with them while remaining at least 6 feet away.

If a staff member or volunteer develops symptoms during youth group:

- They will be asked to go home immediately.
- If the ill adult needs to be picked up or otherwise cannot leave the facility immediately, they will wait away from the rest of the group by the garage.

**Reporting Exposure**

If you or an immediate family member have been tested for COVID-19, you should not attend youth group until test results have been received. Anyone who shows COVID-19 symptoms or tests positive for the virus within 14 days of attendance at an in-person youth group event must contact Grosse Pointe Memorial Church and share this information with us. When communicating with families and staff about any COVID-19 cases, we will respect the privacy of individuals and not share health information of a specific person. Our local health department can be contacted at: 734-727-7078.

**Returning to the Program After COVID Contact**

If a staff member, volunteer, or child exhibits multiple symptoms of COVID-19, tests positive for COVID-19, OR is unvaccinated and a close contact of someone with COVID-19, the individual must stay home until:

They have been fever-free for at least 72 hours without the use of medicine that reduces fevers  
AND

Other symptoms have improved AND

At least 10 days have passed since their symptoms first appeared, OR 14 days have passed since their positive test / last exposure to a close contact with COVID (if asymptomatic).

Asymptomatic carriers of COVID may also return after having a negative follow-up COVID test.

This may mean that some of our adult advisors may not be able to attend as regularly as expected. We will continue to follow the two-adult rule by combining groups and/or remaining within view of adults leading other groups. Small group size should not exceed 20 people.

**Covenant**

We understand the COVID response plan for GPMC youth groups, and we covenant to follow this plan. When attending GPMC youth events, we will follow all precautions and wear a mask at all times. If we catch COVID-19, we will inform the church by calling 313-882-5330. We will follow the guidance above before returning to the program.

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Youth Name	Signature	Date
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Adult/Parent/Guardian Name	Signature	Date
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