

# Youth Rules of Conduct

Form needs to be completed once a year.

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

**For your information, we expect each student to conform to these rules of conduct:**

No possession or use of alcohol, drugs, or tobacco

No one under the age of 21 can drive on church events

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Participation with the group is expected

Students must stay in groups of three or more at all times

Respect property

Respect one another, staff and adult leaders

Respect and comply with event schedules

Have fun, but be safe

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, beach trips, water park trips, overnights, games in the park, soccer, broomball, ice skating, hang out nights, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, rockin' lock-in. *Note: If for any reason you need to limit your participation in any event, please have your parent be sure to submit your wishes in writing to the event coordinators prior to that event.*

I, the student, have read the rules of conduct, and agree to abide by the code of conduct.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Medical History & Permission Form

Form needs to be completed once a year.

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

Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details.

1. For your child's safety and our knowledge, is your student a  
☐ good swimmer                      ☐ fair swimmer                      ☐ non-swimmer
2. Does your child have allergies to  
☐ pollens                      ☐ medications                      ☐ food                      ☐ insect bites
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
☐ asthma                      ☐ epilepsy/seizure disorder                      ☐ heart trouble  
☐ diabetes                      ☐ frequent upset stomach                      ☐ physical handicap
4. Date of last tetanus shot: \_\_\_\_\_
5. Does your child wear ☐ glasses                      ☐ contact lenses
6. Please list and explain any major illnesses the child experienced during the last year:

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Additional comments:

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Should this child's activities be restricted for any reason? Please explain:

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I/We the undersigned have legal custody of the student, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any responsible medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided for each event is accurate and will to the best of my knowledge, still be in force for the student. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_