



PARENTAL CONSENT, MEDICAL RELEASE, & BEHAVIORAL COVENANT

PERSONAL INFORMATION (Please Print)

Student Full Name: _____ Date of Birth: _____

Address: _____

Parents'/Guardians' name(s): _____

Address (if different from above): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (other than parent/guardian): _____ Phone: _____

MEDICAL INFORMATION

Allergies: _____

Current Medications: _____

Date of last tetanus shot: _____

Circle one of the following: Is your child a: good swimmer fair swimmer non-swimmer

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

Please list and explain any major illnesses or conditions your child has (attach additional sheet if needed):

Insurance Company: _____

Policy Holder: _____ Policy Number: _____

BEHAVIORAL COVENANT

STUDENTS MUST READ THIS INFORMATION. In keeping with the goals of Refuge, and the standards by which we seek to live as disciples of Jesus, each youth participant is expected to commit to the following behavioral guidelines while at any Refuge/Cloverdale Church of Christ sponsored event:

- I will seek to conduct myself according to the standard and example of Jesus.
- No illegal drugs or substances, alcohol, tobacco products in any form, fireworks, weapons, or pornographic material will be in my possession at any time.
- I recognize that the point of youth group activities is not to develop romantic relationships and will avoid PDA.
- I will stay out of the sleeping quarters of the opposite sex.
- I will dress modestly and appropriately.
- I will respect property, including church property and the property of others.

-Disruptive behavior or disrespect of authority will not be a part of my actions. This includes, but is not limited to, fighting, cussing, vandalism, pranks, speech that is inappropriate, insulting, or downgrading, crude talk or jokes, sexual innuendos, etc.

-Cell phones, video games, and other similar electronic devices will not be in my possession during the event or activity in question unless specifically permitted by youth minister and/or chaperones. I understand that restricted items such as these in my possession may be confiscated and returned to parents.

-While traveling for Refuge events, I will not act disruptively while riding in the church bus or other designated vehicles. I will wear my seatbelt when applicable. I will not sleep on other people.

-I will inform staff and/or chaperones before leaving an event.

-I will try to participate with what the group is doing.

-I will respect and comply with event schedules.

I have read the behavioral guidelines above, and pledge to abide by them while at Refuge/Cloverdale Church of Christ events. I understand that failure to live up to the commitment I have made **may result in my being sent home at the expense of my parents'/guardians'.**

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARENTAL CONSENT

As parent or guardian, I hereby give my approval and consent for _____ to participate in any activities sponsored by Cloverdale Church of Christ. This authorization shall remain in effect through the _____ day of _____, 20____, or until terminated in writing by the undersigned.

In consideration thereof, I hereby relieve Cloverdale Church of Christ and all adult chaperones on said activities my child is attending from any and all liability for sickness, accidents, or injuries of any nature of cause whatsoever while attending, coming to, or leaving said activity. Further, I authorize adult workers with the Cloverdale Church of Christ as agents for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son / daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold harmless any physician, hospital, or other medical center for rendering of such services.

I/we also grant Cloverdale Church of Christ unrestricted rights to use, alter, and reproduce any images (still and video) from any events, in any medium without compensation.

Parent/Guardian Signature: _____ Relationship to Youth: _____

Date: _____ Printed Name: _____