

YOUTH CODE OF CONDUCT

PRINT NAME CLEARLY: _____

I agree to respect the rights and property of others. I understand that neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of myself and my family.

I agree to respect adult leaders and other participants.

I agree to demonstrate Christian values by my language and behavior.

I understand that the following behavior is appropriate conduct.

One armed side hugs, Handshakes, High fives and hand slapping, Verbal praise, Arms around shoulder, Hold hands during prayer

I understand that the following behaviors are samples of inappropriate conduct. Please note that this list is not exhaustive.

Kissing, Inappropriate touching, Massages of any kind, Any form of unwanted affection

I agree not to possess any drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, knives, or items that would endanger people, pets, wildlife, or property.

I agree to dress appropriately. I understand that this prohibits short shorts, tank tops, any clothing that has any sexual or racial guesstures, tobacco or alcohol products including insignias or advertisements.

I will act as a lady or gentleman and refrain from any sexual misconduct.

I will not leave an event, unless my adult leader grants permission.

I will not bring radios, boom boxes, CD players, I Pods, and video games to an event

I will be open to building new relationships with my peers and adult leaders.

I understand the need to agree to the above items. I realize and agree that if I do not abide by these rules, I may lose the privilege of attending a scheduled activity, or may be sent home at the discretion of the adult leader. I will be responsible for all consequences of my behavior.

I, as a participant agree to abide by these guidelines.

_____ Signature _____ date

I, as the parent/guardian of this participant, agree to these guidelines for my child.

_____ Signature _____ date

Youth Ministry Program
Medical Information & Liability Release

Please print and complete all areas.

Name _____ Birth Date _____

First Initial Last

Address _____

Street City State Zip

Home Phone _____

EMERGENCY TELEPHONE NUMBERS:

Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian:

1. Name _____ Cell _____ Work _____

2. Name _____ Cell _____ Work _____

Emergency Contact:

Name: _____ Cell _____ Work _____

MEDICAL INSURANCE CARRIER:

Parent/Guardian's Insurance Group Name

Insurance Group Number_

MEDICAL INFORMATION:

Family physician's Name _____ Phone_

Date of last tetanus shot:

Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food _____ Drug

Animal _____ Other _____

My child requires the following medicine: _____

Frequency _____

My child has permission to be given Tylenol or Ibuprofen if they request it.

_____ Yes _____ No

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission for the leadership in charge to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Grace Chapel, and the employees, and volunteer staff from any liability.

_____ Date _____

Signature of Parent or Legal Guardian