2023-2024 Generation 180 Event Forms Highland Community Church Permission & Medical Release

| General Informa | ation | | | |
|--------------------------------------------------------------|------------------------------|---------------------------------------|---------------------|--|
| Name of event: | All On and Off-Site Genera | ation180 Activities for 2023-2024. | | |
| Student's Name: | : | Age: | Birth Date: | |
| School: | | Year in school: | _ Male | |
| Student's Email: | | Student's Cell: | | |
| Address: | | City: | State: Zip: | |
| Mother's name: | | Phone: Home | Cell | |
| Father's name: _ | | Phone: Home | Cell: | |
| Parent's Email: _ | | | | |
| Other adults livin | ig in the home | Rela | tionship to student | |
| Emergency Cont | act: | Phone: Home | Cell: | |
| | | | | |
| Church Home | | If HCC, which campus | ? | |
| Is this your first t | ime here? Yes No | | | |
| How did you hear about G180 or name of friend you came with? | | | | |
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| | | | | |
| Ministry Areas | | | | |
| Are there areas y | | u would like to use to help out at G1 | 80? | |
| ☐ Youth Band | If checked, vocals or instru | ment played- | | |
| ☐ Video/Media | Tech | Operator | | |
| | | | | |

| Medical History |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If necessary, describe in detail the nature and severity of any physical and/or mental health concern/diagnosis (ADHD, Autism, depression/anxiety, etc.), 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. |
| 1. Does your child have any allergies? If so, please describe. |
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| 2. Does your child have any medical or mental health conditions? If so, please describe. |
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| Rules of Conduct |
| For your information, we expect each student to conform to these rules of conduct while participating in Generation180 (Highland Community Church youth ministry) events: No possession or use of alcohol, drugs, or tobacco No student can transport other youth in a vehicle No fighting, weapons, fireworks, lighters, or explosives No offensive or immodest clothing (no bikinis please) Participation with the group is expected Respect property Respect one another, staff, and adult leaders Respect and comply with event schedules Damage or vandalism to property of others will become the responsibility of the participant. |
| Students who fail to comply with these expectations may be sent home at their parents' expense. |
| ☐ I have discussed with my student the Rules of Conduct |

| Parental Permission/Release | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | | | | |
| | s my permission to attend All 2023-2024 Generation 180 Events | | | |
| NAME OF STUDENT | NAME OF EVENT | | | |
| This consent form gives permission to seek whatever medits staff of any liability against personal losses of named ch | ical attention is deemed necessary, and releases the Church and ild. | | | |
| attend and participate in events being organized by the Chile that there are inherent risks involved in any ministry or athlemployees, agents, and volunteer workers from any and all sickness, exposure to infectious/communicable disease, boddamage, and financial damage that may occur during the conjurred and requires the attention of a doctor, I/we consent licensed physician. In the event treatment is required from a I/we agree to hold such person free and harmless of any claim consent. I/We also acknowledge that I/we will be ultimately | liability for any injury including, but not limited to, the following: lily injury, death, emotional injury, personal injury, property urse of my/our child's involvement. In the event that he/she is to any reasonable medical treatment as deemed necessary by a a physician and/or hospital personnel designated by the Church, ims, demands, or suits for damages arising from the giving of such responsible for the cost of any medical care should the cost of that vider. I/We also agree to bring my/our child home at my/our own | | | |
| matter through a mutually acceptable alternative dispute re | rises, the participant (or parent/guardian) agrees to resolve the solution process. If the participant (or parent/guardian) and the ute will be submitted to a three-member arbitration panel for itration Association. | | | |
| Pictures from this event may be displayed on Highland's w My child's picture MAY appear on the website or publication My child's picture MAY NOT appear on the website or p | | | | |
| Parent/guardian signature: | Date: | | | |
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