

# RIDGESTUDENTS Conduct & Medical Release Form

\_\_\_\_\_  
student name

\_\_\_\_\_  
address

\_\_\_\_\_  
phone (mobile)

\_\_\_\_\_  
date of birth

\_\_\_\_\_  
school & grade

\_\_\_\_\_  
parents names

Any violation of the RidgeStudents event rules listed below will result in the student being sent home at the family's expense and suspended from attending any youth events for six months. No use or possession of any illegal substance, alcohol, any form of tobacco, weapon, firearm or explosive. The staff and volunteer leaders reserve the right to inspect personal belongings during a youth event. No student may be in the room of the opposite sex without an adult sponsor's consent and presence. Blatant, repeated acts of disrespect toward another student, adult leaders, or against the rules of the event will not be tolerated.

I understand and agree with the Code of Conduct as described above.

\_\_\_\_\_  
student signature

\_\_\_\_\_  
date

My child has permission participate in all activities of this this event.

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

I would like this form to be used for ALL events my student participates in (both now and in the future) in connection with The Ridge Church student ministry.

Yes  No

## Medical Release

list any allergies [including allergies to medication]:

\_\_\_\_\_  
\_\_\_\_\_

is the student currently taking any medication?

Yes  No

*if medications will (or might) be needed during this event please send them in a Ziploc bag with the student's name and dosage information attached.*

list any physical limitations that might impede their participation in certain events: \_\_\_\_\_

\_\_\_\_\_

family physician: \_\_\_\_\_

phone #: \_\_\_\_\_

in an emergency contact: \_\_\_\_\_

phone: \_\_\_\_\_

in an emergency contact: \_\_\_\_\_

phone: \_\_\_\_\_

insurance company: \_\_\_\_\_

policy #: \_\_\_\_\_

phone: \_\_\_\_\_

Being the legal guardian of \_\_\_\_\_, I hereby release, indemnify, and hold harmless The Ridge Church, including staff and volunteers, from claims in connection with attending this event and with participation in any and/or all activities; and give my permission to The Ridge, its staff and volunteers to provide medical treatment that may be deemed necessary to ensure the well being of the named child.

\_\_\_\_\_  
parent signature

\_\_\_\_\_  
date