

Office Use Only Date: \_\_\_/\_\_\_/\_\_\_

# Youth Event Release/Waiver Form

FOR MAJOR EVENTS/EXTENDED FIELD TRIPS/CONVENTIONS/ETC.

Effective Dates: January 1, 2017 to December 31, 2017

**PLEASE PRINT NEATLY IN INK**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_  
*last first middle*

Year in school \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Pager / Cell \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Owner's Name \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

If necessary, 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:

- Does your child have allergies to—  
 pollens  medications  food  insect bites
- 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  
 frequently upset stomach  physical handicap
- Date of last tetanus shot: \_\_\_\_\_
- Does your child wear  glasses  contact lenses  hearing aids
- Please list and explain any major illnesses the child experienced during the last year:  
Additional comments:  
Should this child's activities be restricted for any reason?  no  yes Please explain:
- Is your child currently taking any medication?  
 no  yes If answer is yes, please list: \_\_\_\_\_  
Would you prefer an adult distribute the medication?  no  yes

*Continued on Reverse...*

# Youth Event Release/Waiver Form

FOR MAJOR EVENTS/EXTENDED FIELD TRIPS/CONVENTIONS/ETC.

**We expect each student to conform to these rules of conduct**

1. **Students will LOVE and RESPECT self, others and all property using GOOD BEHAVIOR.** Poor behavior that is dangerous, disrespectful, disobedient, rude or any other behavior that is disruptive during youth events and group travel will not be tolerated.
2. **Students will use SPEECH that is positive and uplifting and comply with Philippians 2:15: “do everything without complaining or arguing.”** Vulgar language is NOT permitted and includes degrading speech, sexual innuendoes, course jokes, crass descriptions, explicit and offensive words. We are here to build people up not tear them down.
3. **Possession of any weapons, tobacco, drugs or alcohol is not permitted.**
4. **Students will wear APPROPRIATE and MODEST attire.** No revealing tops or midriffs. Underwear is not to be seen.
5. **Students will practice appropriate touch that includes friendly hugs.** Absolutely no public displays of affection except for appropriate and encouraging hugs.
6. **Students must be willing to follow directions and be submissive to authority figures and comply with these rules of conduct.**

I, the undersigning student, have read the rules of conduct, I agree to abide by the statements listed above and promise to do everything in my power to make my own experience and other’s church experience a great thing or accept the consequences of my poor behavior.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigning parent, have read and understand the rules of conduct as well as the consequences for poor behavior.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, campfires, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, tubing, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child’s participation in any event, please submit your wishes in writing to the church youth minister prior to that event.*

\_\_\_\_\_ has my/our permission to be transported by Bluff Creek

*print name of student*

*Christian Church Agents to and from Bluff Creek Christian Church or an event sponsored by Bluff Creek Christian Church (hereinafter the “Church”). This permission form gives consent to transport with the understanding that there are inherent risks involved with automobile travel, and I/we hereby release the Church, its ministers, 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 reasonable 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 above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We understand that all drivers of church events are approved and insured drivers and that every effort will be made to transport my/our child safely. I/we also understand my/our child will be brought home should they become ill or if deemed necessary by the Vehicle Operator, Agent, Church Staff or Ministry Volunteers. I/We also expect my/our son/daughter to adhere to the rules of conduct and expectations as described above during the total church experience and understand the church has permission to return them home should an offense be made. In addition, I also give authorization for Bluff Creek Christian Church to use the Participant’s first name, voice, likeness and photograph in program materials, promotional materials, and other works such as publications, video commercials and internet display.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_