

SARDIS BAPTIST CHURCH  
4359 Anderson Highway  
Hartwell, GA 30643  
Ph: 706-376-8568 Fx: 706-376-1438  
www.sardisbaptistchurch.info  
E-mail: sardisbaptist@comcast.net

Pastors:  
John R. Silver, Senior Pastor

Richard Douglas, Youth Pastor  
E-mail: prwdouglas@comcast.net  
Cell phone: 706-436-9488  
Office phone: 706-856-8561

***(Please attach a copy of your child's medical insurance card to this release form)***

**Youth Medical Release Form**

*Effective dates: 01/01/18 to 12/31/18*

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST

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

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

Phone / cell \_\_\_\_\_

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

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

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

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

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

**Medical History**

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 and times that it must be taken.**

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a  
 good swimmer  fair swimmer  non-swimmer

2. Does your child have any allergies (i.e. pollens, medications, food, insect bites)?  Yes  No  
If Yes, please describe allergy and treatment:

\_\_\_\_\_

3. 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

4. Date of last tetanus shot: \_\_\_\_\_

5. Does your child wear  glasses  contact lenses  none

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## **Youth Code of Behavior Form**

For your information, we expect each student to conform to these rules of conduct

- All participants are expected to arrive on time and stay until the program ends at the assigned time, unless a parent/guardian makes note to the youth director that you will be leaving early.
- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
- No possession or use of alcohol, drugs, or tobacco.
- No students can drive.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
- Participation with the group is expected.
- Respect property.
- Respect one another, staff, and adult leaders.
- Respect and comply with event schedules and rules.
- Electronic devices will be taken up by our adult chaperones if the device proves to be a distraction. Students will get them back at the end of the trip.
- Infraction of these rules can mean immediate dismissal with no refund. Parents or legal guardians are responsible for any costs associated with the dismissal, including, but not limited to, all travel expenses. Participants will be responsible to the local authorities as well.

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any cost involved. If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents and guardian will be responsible for my removal from the premises and any costs involved.

Student's Name (printed): \_\_\_\_\_  
Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **General Youth Permission Form**

Activities may include, but are not limited to: water activities in pools/lakes/streams/oceans, sports games, camping in the wilderness, hiking, music concerts, student conferences, rock climbing, lock-ins, mission trips, service projects, small group trips, sleep-overs, and more. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Pastor Rich Douglas prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF STUDENT

sponsored by Sardis Baptist Church from 01/01/18 to 12/31/18.  
DATE DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Sardis Baptist Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Sardis Baptist Church. ***I/We understand that there are inherent risks involved in any ministry or athletic event and in the traveling involved, and I/we hereby release Sardis Baptist Church, its pastors, employees, agents, drivers, 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 Sardis Baptist 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 also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

### **Videotaping and Still Photographs**

Video and still photographs may be taken during these events. This authorization form constitutes permission for my child's participation in the videotapes and/or still photographs, which may be used for future promotional efforts, including the Sardis Baptist Church website and other church publications.

Parent/guardian's name (printed): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_