

**January 1, 2019 TO December 31, 2019**  
**LIMITED POWER OF ATTORNEY, MEDICAL & LIABILITY RELEASE FORM, AND BEHAVIOR CONTRACT**  
**FOR PARTICIPATION IN HOLY CROSS YOUTH ACTIVITIES**  
**1209 COUTANT ST. FLUSHING, MI 48433. 810.659.5926 :: WWW.HOLYCROSSLUTHERAN.COM**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX \_\_\_\_\_

PARENT / GUARDIAN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Holy Cross Lutheran Church is offering the opportunity to participate in off-site Church and Youth activities scheduled from January 1, 2019 through December 31, 2019. These activities are expected to involve at least the following:

1. Travel by church owned, rented, or privately owned motor vehicle from Holy Cross, to the scheduled outing, and travel from the scheduled outing back to Holy Cross.
2. Food and lodging furnished and/or secured by Holy Cross.
3. The opportunity to participate in youth activities including, but not limited to, mission trips, concerts, community service projects, food preparation, retreats, sport activities, and adventure activities.

I (We) am aware that this is a completely voluntary activity and that there is a potential for injury due to participation in the activities planned for these events. However, in consideration of the benefits that may be derived from participating in these activities and in view of the fact that Holy Cross Lutheran Church and its Youth program is a religious and educational organization, membership in which is voluntary, and having full confidence that all reasonable precautions will be taken to ensure the safety and well being of the participants, I give permission for \_\_\_\_\_ to participate in these activities.

I (We) know of no health or fitness restrictions that would preclude the minor's participation in any of the activities. Significant medical history, known allergies, fitness restrictions, and other considerations for the minor are:

In the event of any illness or injury to the minor during this outing, I (We) grant the following individuals:

1. Marcos Machado
2. Andrea Nikle
3. \_\_\_\_\_
4. \_\_\_\_\_

the limited Power of Attorney to act for me and to give the required consent and authorizations for the delivery of medical care, diagnosis, and treatment, including dentistry and surgery, if necessary, in my behalf of my minor child, during the period from *January 1, 2019 to December 31, 2019*, and to do all other necessary things as I might or could do if personally present. It is my understanding that in the event of any illness or injury to my minor child, reasonable efforts to reach me will be attempted.

I (We) understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I (We) hereby also authorize the designated Holy Cross Youth leader or other adult leader in charge of the activity to search my son's or daughter's person, clothing, backpack, luggage, tent, hotel room and possessions at any time the Leadership believes my son or daughter to be in possession of any prohibited item (see back page). At least two adults and my son or daughter shall be present when the search is conducted. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (We) hereby assume all transportation costs and/or will come and pick him or her up (based on youth leader's discretion). Furthermore, I agree to support the representatives and leaders of Holy Cross Lutheran Church should they deem it necessary to remove my son or daughter from the event.

I (We) hereby give consent to use the image and likeness of my minor child for such purposes as Holy Cross Lutheran Church deem appropriate, including print, audio/video, internet, and promotional uses. I agree that all reproductions of these images and likenesses in any form made or used in relation to this release are and shall remain the property of Holy Cross Lutheran Church, Flushing, Michigan. I also understand that Holy Cross's use of these images will always have the safety of my child in mind. My child's name, nor any other personal information will be attached to these images.

Therefore, as legal guardian of said minor I (We) do hereby release, forever discharge and agree to hold harmless all of the leaders of these activities, Holy Cross Lutheran Church, its officers and agents from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the minor-participant that occur while said child is participating in Holy Cross activities.

I (We) also acknowledge that photocopies of this form are also legally binding.

PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
(minor's full name)

\_\_\_\_\_  
(signature)

T-Shirt Size (circle one): S, M, L, XL, XX L

**MEDICAL INFORMATION**

FAMILY DOCTOR \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DENTIST OR OTHODONTIST \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I AM COVERED BY FAMILY MEDICAL / HOSPITAL INSURANCE \_\_\_\_\_ YES \_\_\_\_\_ NO

INSURANCE CARRIER \_\_\_\_\_ POLICY/ GROUP NUMBER \_\_\_\_\_

Do any Pre-Certification, Notification, or Other Requirements exist with respect to the HEALTH INSURANCE of the participant? IF SO, PLEASE SPECIFY \_\_\_\_\_

DOES PARTICIPANT HAVE: (if "YES", explain)

\_\_\_\_\_ YES \_\_\_\_\_ NO ALLERGIES \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO HEALTH CONDITION \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO DIABETES \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO OTHER \_\_\_\_\_

IS PARTICIPANT SUBJECT TO: (if "YES", explain)

\_\_\_\_\_ YES \_\_\_\_\_ NO HEADACHES \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO SEIZURES \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO MOTION SICKNESS \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO SLEEP WALKING \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO UPSET STOMACH \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO OTHER \_\_\_\_\_

DOES PARTICIPANT HAVE REACTION TO: (if "YES", explain)

\_\_\_\_\_ YES \_\_\_\_\_ NO BEE STING \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO PENICILLIN \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO OTHER DRUGS \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO POISON IVY, OAK, SUMAC \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO OTHER \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO Has the participant had any serious illness or surgery within the past ten years? \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO Does the participant have any condition which would prevent him/her from participating in any activities? \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO Does the participant have any psychiatric condition? \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO Is the participant presently on Medication? Which? Dosages? \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO Are any drugs ineffective in treatment? \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**YOUTH / MINOR / ADULT PARTICIPANT CONTRACT**

**During this Holy Cross Youth Activity**, I (the undersigned) do pledge to follow all the following rules stated below, and also understand that if any of the adult leaders deem it necessary for me to go home early from the trip/ event it will be done at my parents' expense. I may be sent home for breaking any of the following rules that I have agreed to. **I will:**

- Not Smoke, use Tobacco products, or bring any with me;
- Not use any illegal substances, or bring any with me;
- Not drink any thing alcoholic, or bring any with me;
- Give all medication to an adult counselor;
- Not have any permanently made holes or permanent drawings added to my body;
- Care for my body with appropriate sleep and food (3 meals a day);
- Not enter a room solely designated for those of the opposite sex;
- Not use any offensive language;
- Never travel in a group of less than two;
- Not leave the site of any overnight youth event without the permission of those in charge and my parent(s).
- Be morally responsible;
- Be in my room by midnight and not leave until 6am unless otherwise directed by a counselor;
- Will wear appropriate clothing – underwear and undergarments will be worn *under*, and I give discretion as to appropriateness to my leaders;
- Listen and be respectful of the adult counselors;
- Treat others with the same respect that I would like to be treated;
- Be a positive influence on my friends and all others with whom I am in contact,
- Represent Holy Cross and my Lord Jesus Christ in a manner that brings honor to His name.

This is my contract with Holy Cross, Holy Cross staff and representatives, and also my parents. I know by signing this contract that I commit to being a person of my word.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_