

Church of the Cross Youth/Adult Agreement to Participate & Medical Release Form

Name _____ Age ____ Grade ____ Male/Female _____

Address _____ Home/Cell #'s _____

City, St, Zip _____ Email _____

Date of last tetanus shot ____/____/____

List any current medications and why _____

List any serous illness, accident, or surgery during the past year _____

List any medical or health limitations you are aware of _____

I give permission for my child to be given over the counter medication as needed.

Yes/No Tylenol, Aspirin, Pepto-Bismol, other _____

Parental/Participant Release

The undersigned does hereby give permission for my child, _____
to attend and participate in activities &/or mission events sponsored by Church of the Cross.

Please check one: } Entire year: January 1, 2____ - December 31, 2____
 Specified date(s): _____

The undersigned hereby understands and agrees activities/events, mission work projects and related activities may have risks, dangers, and hazards, both natural and man-made, including, but not limited to, negligence of other participants. On behalf of myself and the above-named person, I acknowledge and accept the risk of any injury related to the event and do hereby waive and release any action, cause of action or claim of liability against Church of the Cross and the entity for which event/mission work is being done for any loss, damages, accident or injury of any kind (whether to person or to property) which may arise in connection with, or result from, the event. I agree to indemnify, protect and hold harmless the Church of the Cross from any and all such claims. Note: Under the current Church of the Cross event insurance policy, your family insurance is the primary payer; and Church of the Cross insurance is the secondary payer.

I agree that any pictures or other audio/visual recordings taken in the course of this event, which includes photos and video of my child, or myself may be used for publicity of the church.

In Case of Emergency

In the event of an emergency where medical treatment is required the undersign hereby gives permission to the church sponsors to obtain the services of a licensed physician or dentist, and if needed, give the physician selected by the sponsor, authority to hospitalize and secure proper treatment. The undersigned shall be liable for all cost and expenses incurred in case of any such emergency. Should it be necessary for my child or myself to return home due to medical reasons or disciplinary reasons, the undersigned shall assume all transportation costs.

The undersigned does also hereby gives permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Church of the Cross United Methodist, Salina, KS.

Insurance Company/phone # _____ Policy/Group # _____

Doctor's Name & Telephone # _____

Emergency Contact _____ Telephone# (include Cell & Work) _____

Parent(s)/Guardian Telephone# (Include Cell & Work) _____



Required Signatures:

Participant _____ Date _____

Parent(s)/Guardian _____ Date _____

Youth Covenant of Conduct

To be read & signed by youth & parent

In all meetings, retreats, mission trips, or other events under the sponsorship and/or guidance of Church of the Cross of Salina, I am a representative of that Christian community. I am responsible for my actions. I understand the following guidelines will be followed.

1. I understand illegal use of drugs and the use or possession of alcohol and tobacco is prohibited.
2. I will not bring any weapons of any kind. No cigarette lighters or matches are allowed.
3. I will dress in good taste. Revealing cloths and shirts with offensive slogans are not allowed.
4. I will respect the **physical and emotional** well being of others, therefore teasing, put-downs, cursing, or sexist remarks are not allowed.
5. I will respect each person's personal property.
6. I understand the use of electronic devices such as cell phones, games, ipods, etc. is not permitted during youth activities.

I have read and understand the Covenant of Conduct and agree to follow it to the best of my ability. Failure to do so may result in a call to my parents/guardian to pick me up.

Youth Signature _____

I have read the above Covenant of Conduct and will help my youth to follow them to the best of their ability.

Parent Signature _____

Youth Director Signature _____

Approved by youth Council 6/06/08