

STUDENT AGREEMENT TO RULES OF CONDUCT:

NO possession or use of alcohol, drugs or tobacco. NO students can drive church vans. NO fighting, weapons, fireworks, lighters, or explosives. NO offensive or immodest clothing. NO offensive or inappropriate language. NO boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with the group is expected. Respect for one another, staff, and adult leaders. Respect and comply with event schedules.

STUDENTS WHO FAIL TO COMPLY WITH THESE RULES CAN BE SENT HOME AT YOUR EXPENSE!

I, _____, (student's name) 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.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN PERMISSION:

Activities may include, but are not limited to: Bible Studies, mission trips, retreats, camping trips, concerts, fast food trips, cookouts, boating, water skiing, snow skiing/snow-boarding, swimming, biking, hiking, hayrides, movies, and various types of sports and athletic events.

NOTE: *If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ (NAME OF STUDENT) has my permission to attend all youth activities sponsored by HERITAGE UNITED METHODIST CHURCH from: JUNE 1, 2017 to AUGUST 31, 2018.

This consent form gives permission to seek whatever medical attention is deemed necessary, and release HERITAGE UNITED METHODIST CHURCH and its staff of any liability against personal losses of named child.

I/We have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by HERITAGE CHURCH. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release HERITAGE CHURCH, its pastors, employees, agents, and volunteer workers from any and all full 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 HERITAGE 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 I/We will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance provider. Furthermore, I/We affirm that the health insurance information provided on the previous page 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 a student ministries staff member.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PICTURE/VIDEO PERMISSION:

I give HERITAGE UMC permission to photograph/video my child for the purpose of being displayed in the newsletter, bulletin, in videos played during services, on Heritage UMC Websites, Heritage Facebook Page, or any other HERITAGE UMC correspondence. These photos/videos are to be used solely for ministry updates and promotion for future events at HERITAGE UMC.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

OPTIONAL: ATTACH COPY OF MEDICAL CARD BELOW

Large dashed rectangular box for attaching a medical card.