

Mt Zion Baptist Church One-Eighty Youth Group

Yearly Participation Forms

Effective Dates: August 1,2022— August 31, 2023

YOUTH INFORMATION			
Name	Grade	DOB	Male/Female
Nickname	School: _		
Primary Address:			
Secondary Address:			
Youth Email			
Youth Home Phone	Youth	Cell Phone _	
Name(s) Email(s) List all phone numbers where			
	#		
Name	#		_ Type?
Name	#		
Name	#		Type?
EMERGENCY CONTACT			
Name	#	Relati	ion?
Name	#	Relati	ion?

PARENTAL CONSENT

I do hereby give permission for my child	(chil	d's na	ime) ("P	artic	ipant"),	, to
attend and participate in any Mt Zion Baptist Church youth ministry activities	, events	, and	retreats	and	during	the
period of August 1, 2022 – August 31, 2023.						

LIABILITY RELEASE: In consideration of Mt Zion Baptist Church allowing the Participant to participate in youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips), I, do hereby release, forever discharge and agree to hold harmless Mt Zion Baptist Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental 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 Participant while involved in the youth activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, I, on behalf of the Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. I hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Mt Zion Baptist Church. My youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

INITIAL HERE:	SIGNATURE AT	BOTTOM (OF FORM

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN

Name:				
Phone(s)			Fax:	
Name of practice	:			
Date of last Tetan	us shot ((required)		
INSURANCE INFO	RMATION	<u> </u>		
Medical Insurance Co	ompany:		Phone:	
Policy/Group ID#:				
Policy Holder's Nar	ne (please	print):		
MEDICATION:				
the age of 18 is require containers with comp to carry any prescript parent/guardian's exp	d to give A plete dispe tion or not pense if the	LL MEDICATIONS to nsing instructions before n-prescription medicate ey do.	ion and will be sent hor	in their original Youth are not permitted me at the
Medication Name	Dose	Treatment for	Dispensing instruction	ons
Example: Zyrtec	5mg	Seasonal allergies	Take one pill daily in t	the morning with food
counter medication as that do not require a (i.e. Tylenol, Advil, an	needed and doctor or ntacids, Be- ne or get r	l as directed on the l hospital visit such as a nadryl) while at a yout medical help if my chil	n ministry event? d has any minor medical	ency medical conditions hache, or allergic reaction concerns.

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

- 1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
- 2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
- 3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

INITIAL HERE:_____ (SIGNATURE AT BOTTOM OF FORM)

PHOTO RELEASE FORM FOR MINORS

I agree that Mt Zion Baptist Church may photograph and record my child/dependent's likeness and activities (Images)* during church-related activities. I grant the following rights to Mt Zion Baptist Church: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Mt Zion Baptist Church from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

*Image means all photographs, film, or other recordings taken.

INITIAL HERE:_____(SIGNATURE AT BOTTOM OF FORM)

ONE-EIGHTY CODE OF BEHAVIOR

The following rules and guidelines are equally binding on adult leaders/chaperones and youth.

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use of illicit drugs, alcohol, and/or tobacco products of any kind.
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions.
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments), appropriate, modest dress (no bikinis, no bare midriffs, no visible under clothing, no inappropriate t-shirts...), no PDA (public or private displays of affection).
- Must be in assigned rooms by designated time, lights out, and quiet time will be respected.
- Coed visitation only in assigned community room.
- Refrain from use of cellular phones and personal electronic equipment.
- No fireworks or playing with fire.
- No one is allowed to go anywhere alone, including public restrooms (3 or more).
- Will not break any laws in the United States or any other country.
- Adults and youth will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.
- Sleeping areas for males and females will be separate.

Youth Participant's (or Adult Leader's) Statement: By signing this form, I pledge to honor God and respect others during this activity by following the rules and guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.

Parent/Guardian's Statement: By signing this form, I agree to support the Code of Behavior above, and will accept responsibility for the payment of my child's return transportation should he/she break one of the non-negotiable rules.

By signing, you affirm the accuracy of the information recorded within this document and agree to the conditions within the above forms including "PARENTAL CONSENT," "MEDICAL INFORMATION," "PHOTO RELEASE FORM FOR MINORS," and "ONE-EIGHTY CODE OF BEHAVIOR." You also acknowledge that you are the legal guardian of the youth participant and thus able to sign on their behalf:

	x	
Name of youth participant (PRINT)	Signature of youth participant	Date
	x	
Name of parent/guardian (PRINT)	Signature of parent/guardian	Date
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