

Effective 8/1/2017 – 8/1/2018

**Youth Name** \_\_\_\_\_  
*first middle last*

Address \_\_\_\_\_  
*street city ZIP*

Date of Birth \_\_\_\_\_ Youth lives with:  Mother  Father  Both

School \_\_\_\_\_ Grade for 2017-2018 School Year \_\_\_\_\_

Youth Mobile Phone \_\_\_\_\_ Youth Email \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact** (if mother and father cannot be reached)

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list any previous illnesses, injuries, allergies or special needs of which you would like the church to be aware

\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ All medications presently taken \_\_\_\_\_

\_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Address \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Group # \_\_\_\_\_

*Please initial your consent below:*

\_\_\_\_\_ I acknowledge that the youth listed above is under my care, custody, and control. In the event that there arises an emergency necessitating medical/surgical attention, I expressly grant my permission to Calvary Baptist Church staff, its representatives, sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon my child which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent, legal guardian, or custodian of the aforementioned youth, do release, acquit, discharge, and covenant to indemnify and hold harmless Calvary Baptist Church or its representatives from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

\_\_\_\_\_ I also assume financial responsibility for any damage my child may cause and for providing transportation home should it become necessary for disciplinary reasons.

\_\_\_\_\_ I also give permission to Calvary Baptist Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary for the purpose of searching for drugs, alcohol, weapons, etc.

\_\_\_\_\_ I hereby give my consent to Calvary Baptist Church staff and volunteers to give common over the counter medications (Aspirin, Pepto-Bismol, Tylenol, etc.) to my child.

\_\_\_\_\_ I hereby give my consent for the Minister to Youth or other adult volunteers to visit my child at school, school events, performances, sporting events, etc. and to use photographs of my child in promotional materials for Calvary Baptist Church.

**Signature of Parent, Legal Guardian, or Custodian**

\_\_\_\_\_ Date \_\_\_\_\_

*Please copy both sides of your insurance card and attach*



## Youth Covenant

*When participating in activities with the Calvary Baptist Church Youth Ministry, I will:*

1. Respect the established guidelines and the adults who sponsor events.
2. Respect the health of my own body by not using alcohol, tobacco, or drugs of any kind, except those prescribed by a physician.
3. Not bring firearms or weapons of any kind. I will not bring fireworks.
4. Keep my displays of affection within appropriate limits.
5. Maintain a positive attitude while remembering that I am human and not perfect. I will take time to recover myself when I run out of patience so that neither I nor any other person could be verbally or physically harmed.
6. Participate fully in those scheduled events that I attend, abide by group decisions made during the event, and be on time.
7. Show respect for other people, their thoughts, their ideas, and their stuff.
8. Use positive and appropriate language, including speaking with respect about individuals and groups of people. I will not use derogatory language to name or describe anyone or any group.
9. Encourage my friends and peers with encouraging language whether at church, school, or in the community.
10. Realize that mobile phones, mp3 players, portable computers, and other electronic devices are disruptive in group settings. I will therefore respect my peers and the decisions of the adult leaders to collect these devices when necessary or to place my phone in an off or silent position when allowed to keep these devices while participating in group activities.

I agree to abide by the Calvary Baptist Church Youth Covenant. I understand that failing to meet these expectations can result in being counseled by the Minister of Youth in the presence of another youth worker. Considering the seriousness of the occurrence, the Minister will have the option of calling my parent/guardian and/or sending me home at my parent/guardian's expense.

\_\_\_\_\_  
*Signature of Youth* Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent, Legal Guardian, or Custodian* Date \_\_\_\_\_