



STUDENT MINISTRIES RELEASE AND CONSENT FORM - SUMMER 2019

Name of Student (please print): _____

Grade in Fall 2019: _____ School: _____ Age: _____

Home Address _____ Zip _____ Phone _____

Last date of tetanus shot: _____ List Allergies: _____

Medical Release Form

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend an off-site activity operated by Shepherd's Gate Church, or are of legal consenting age myself. In the event that I/he/she is injured while attending an activity 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 called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize John Kral, the lead adult of our group, or a member of the staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, 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 so long as the treatment is administered by or under the supervision of a licensed physician. 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 carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the off-site activity.

Medication information will be requested at time of registration.

Emergency Contact Information

1 _____ 2 _____

Cell _____ Cell _____

Work Phone _____ Work Phone _____

Relationship _____ Relationship _____

Insurance Information (If this changes please email Shepherd's Gate Church to update.)

Name of Health Insurance Provider _____ Policy Number _____

Phone _____ Address _____

Name of Policy Holder _____ Phone _____

Liability Release Form

I/we understand that there are inherent risks involved in any off-site activity, and I/we hereby release Shepherd's Gate Church, its staff and volunteer workers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our involvement with Shepherd's Gate Church. During any activity your child may be photographed or video taped for future promotional materials.

Agreement to Transport Home

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named student, a minor, have given our consent for him/her to attend an off-site activity operated by Shepherd's Gate Church, or are of legal consenting age myself. I/we understand that a member of Shepherd's Gate Church's staff may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from an activity, I/he/she will be transported home at my/our expense. Shepherd's Gate Church will attempt to contact the parent or guardian to arrange such transportation.

This covers all events for Summer 2019.

Participation on a Shepherd's Gate Church off-site activity is contingent upon compliance with all the policies stated in this form. **Please initial that you have read and agree to the following:**

_____ Participant Liability _____ Agreement to Transport Home _____ Medical Release Form

_____ I understand that use of alcohol, tobacco or the abuse of drugs is prohibited.

Parent/Guardian (print name) _____

Signature _____ **Date** _____

OR IF OVER 18

Participant (print name) _____

Signature _____ **Date** _____

*If the participant is older than 18 years, no Parent/Guardian signatures are necessary.

**The information on this form shall remain in effect from May 1, 2019 until August 31, 2019 unless sooner revoked in writing and delivered to Shepherd's Gate Church.

RULES FOR SHEPHERD'S GATE CHURCH YOUTH GROUP

1. **THE GOLDEN RULE:** Treat others as you would like to be treated by them.
2. **THE HEALTH RULE:** Do not carry, possess, sniff, smoke, apply, chew, gargle, buy, sell, trade, swallow, inject, insert, digest, or ingest any illegal plant or chemical by-product of any kind. (No tobacco, alcohol, or drugs also refer to rule #5) No vape pens/juuls.
3. **THE SAFETY RULE:** Do not carry, possess, use or threaten to use any type of weapon or explosive. (No fireworks, guns, knives, sling shots, hand grenades, etc)
4. **THE PERMISSION RULE:** Everyone under 18 years of age must have a permission and medical release form filled out by your parent(s)/guardian(s) and turned in before we leave for any activity. Students over 18 years of age must be background checked to attend any events.
5. **THE MEDICINE RULE:** If you are on any type of doctor-prescribed medication, over the counter drug or ANY medication, then you must have a medical information form filled-out and turned in before we leave. (Also, an adult sponsor will be assigned to make sure that it is administered properly and at the appropriate time)
6. **THE DRESS CODE RULE:** NO short-shorts or tank-tops. Shorts must be past finger tips and Tshirts must have some type of sleeve and cover cleavage. Please NO shorts or pants with words across the butt. Gals are to wear a one-piece suit, tankini or wear a shirt over their bathing suit. Leggings can be worn only if the front and rear are fully covered.
7. **THE PURPLE RULE:** Girls are pink, boys are blue, blue and pink make purple - NO PURPLE. NO PDA (public displays of affection). NO guys in girls' rooms and NO girls in guys' rooms. (Obey stated or posted "off-limits" area and no PDA public or private displays of affection!)
8. **THE ELECTRONICS RULE:** This is a "retreat". NO cell phones, iPods, iPads, iPod Touch, laptops, mp3 players, zune, dvd player or any other electronic device are allowed on the retreat or on the bus.
9. **THE SCHEDULE RULE:** Everyone is required to be at all scheduled events, check-in times, meals, meetings, and services on time. (NEVER wander off alone or without the permission of an adult leader)
10. **THE RESPECT RULE:** Listen to and obey the adult leaders, they are here because they care about you and want you to HAVE FUN!!!

NOTE: Anyone unable to abide by these rules will not be allowed to participate in youth group events. I have read and understand the rules and comments listed above and agree to obey and abide by them. I understand that if I cannot abide by these rules, I will be sent home at the expense of my parents and/or myself.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____