

Youth MEDICAL RELEASE / INSURANCE FORM

Bethany United Methodist Church – Student Ministries (Austin, Texas)

This release is valid from date of signature to August 31, 2019.

STUDENT _____ BIRTHDATE _____ GRADE _____
Last First M.

HEIGHT _____ WEIGHT _____ Sex _____

ADDRESS _____
Number Street City State Zip

STUDENT CELL _____ Student Ministries has permission to text student: Yes ___ No ___

FATHER/GUARDIAN NAME _____ PHONE: HOME _____ CELL _____

MOTHER/GUARDIAN NAME _____ PHONE: HOME _____ CELL _____

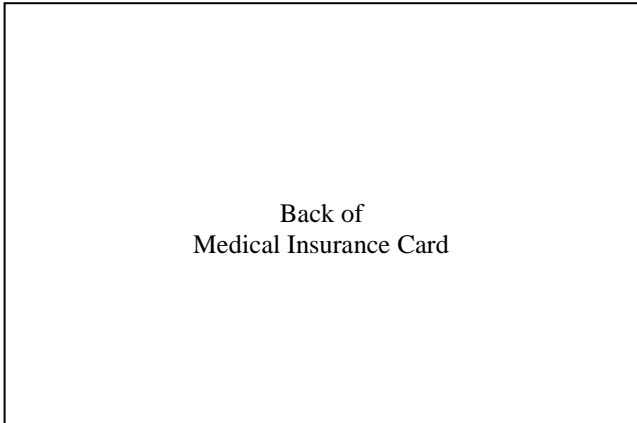
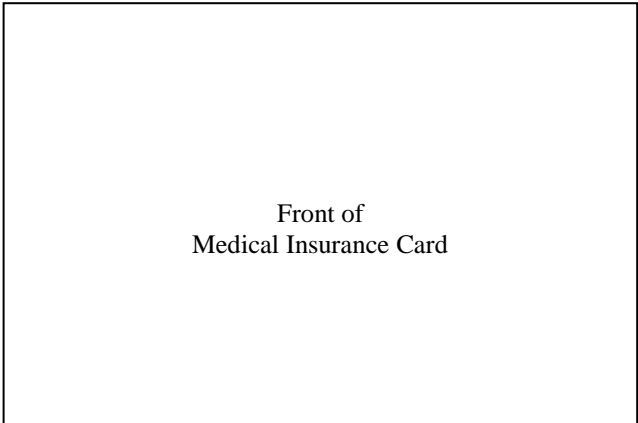
E-Mail: Father _____ Mother: _____

EMERGENCY CONTACT _____

Not a Parent Name Best Phone Number Relationship

FAMILY DOCTOR _____ OFFICE PHONE _____

FAMILY DENTIST _____ OFFICE PHONE _____



DATE OF LAST TETANUS SHOT(required) _____ Drug Allergies _____

SPECIAL HEALTH PROBLEMS _____

MEDICATIONS _____

Food or other ALLERGIES _____

SWIMMING ABILITY (CHECK ONE): GOOD SWIMMER FAIR SWIMMER NON-SWIMMER

This consent form gives permission to seek whatever emergency medical attention is deemed necessary, and releases Bethany United Methodist Church and its staff of any liability against personal losses of _____ (student name). I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteers workers from any and all 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 immediate attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event emergency treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above 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 the youth ministry staff.

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed above and acknowledged to me that she/he executed the same for the sworn purpose therein expressed. Sworn and subscribed before me this _____ day of _____ 20__.

Notary Public in and the _____ County
State of Texas.
My commission expires _____

Covenant of Conduct

Bethany United Methodist Church – Youth Ministries (Austin, Texas)

This Covenant of Conduct is valid from date of signature to August 31, 2019.

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- No inappropriate sexual behavior or excessive displays of affection
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Respect curfews and "lights out" times set by adult leaders
- Will not leave event without adult permission
- Full participation in all activities is expected. If it is necessary for a youth to leave before an event is over, an adult leader must be notified.

Full participation includes the following:

- Come with a positive attitude.
- Be courteous and show respect to everyone.
- Treat each other with kindness.
- Participate with God as your focus.
- Be friendly and meet new people.
- Have fun.

Reward for Following the Covenant of Conduct:

You, the other youth and adults participating in Bethany United Methodist Youth activities will have the best possible time. In addition, the Lord will be pleased and you will be blessed.

Students who fail to comply with this Covenant of Conduct may be sent home at their parents' expense.

I, the student, have read the Covenant of Conduct. I agree to abide by it.

Student signature: _____ Date: _____

We (I) as parents (guardian) understand the Covenant of Conduct. If the youth disregards the Covenant of Conduct, a serious attempt to contact all the above phone numbers will be made and plans to pick up the Youth will be arranged. If we (I) are unavailable for contact or refuse to pick up the youth, the current most available transportation carrier will be used (at my expense) to return the youth home.

Parent/guardian signature: _____ Date: _____

Parents and Youth, please understand that photos and video may be taken during youth events to be used in the future promotion of our ministries and programs via the internet and youth publications. (If students are identified, it will be by first name only.) If you do not want your youth's photo to be published on the internet or in youth publications, please indicate below by checking the box.

I do NOT give permission to electronically display or publish a photograph or video of my youth.

(over)