

**St. John's United Church of Christ**

**Permission to Participate in Youth Programming**

Participants Given Name (Please print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

My child/youth is under the custodial care of:

- both parents email: \_\_\_\_\_
- mother/guardian only email: \_\_\_\_\_
- father/guardian only email: \_\_\_\_\_
- other (specify) email: \_\_\_\_\_

**Emergency Contact Information**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to Participant:

I give permission for my child/youth's image to be included in videotapes, broadcast media print media and/or their name and image to be used in publicity materials. This includes but is not limited to St. John's website and digital media.

I DO NOT give permission for my child/youth's image to be included in videotapes, broadcast media print media and/or their name and image to be used in publicity materials. This includes but is not limited to St. John's website and

As a parent/guardian, please indicate how you might like to help by checking one or more boxes below

|  |   |
|--|---|
| <input type="checkbox"/> Be a group leader             | <input type="checkbox"/> Teach a skill or craft                   |
| <input type="checkbox"/> Help at meetings              | <input type="checkbox"/> Serve as a volunteer, in what way: _____ |
| <input type="checkbox"/> Drive for an offsite activity | <input type="checkbox"/> Other: _____                             |

**Parent/Guardian permission for the following:**

- I give my permission for my child/youth to participate in regular activities, including meetings, fundraising activities, etc.
- I hereby authorize adults to give necessary first aid to my child/youth. I also authorize the person in charge to obtain and consent on my behalf to whatever medical diagnosis or treatment is deemed necessary or advisable by such person for the well being of my child/youth.
- Adults have my permission to arrange emergency transportation for my child/youth.

**PERMISSION TO PARTICIPATE IN PROGRAMMING**

|                                    |                       |               |
|------------------------------------|-----------------------|---------------|
| _____<br>Parent/Guardian Signature | _____<br>Program Year | _____<br>Date |
| _____<br>Parent/Guardian Signature | _____<br>Program Year | _____<br>Date |
| _____<br>Parent/Guardian Signature | _____<br>Program Year | _____<br>Date |
| _____<br>Parent/Guardian Signature | _____<br>Program Year | _____<br>Date |
| _____<br>Parent/Guardian Signature | _____<br>Program Year | _____<br>Date |

**UNDERSTANDING OF CODE OF CONDUCT**

During the time spent at the St. John's sponsored youth activity, I will have a *positive attitude* and participate in all scheduled programs. I will remain in the program area unless given permission to be elsewhere. I realize that the following are NOT permitted: possession/consumption of alcohol or illegal drugs, tobacco or tobacco products (including electronics products); possession of any weapons; inappropriate language; willful destruction of property; boys in girls' lodging areas; girls in boys' lodging areas; violation of established curfew; youth driving to out-of-town events; other conduct as determined inappropriate by youth advisors.

I am aware of the following steps, should a violation occur: (1) Youth Advisor(s) will discuss the concern with the youth. (2) Youth Advisor(s) may request that a contact be made to the youth's parents to make the parents aware of the situation. The Youth may be present at the time of the contact. (3) The Youth Advisor(s) may request the parents arrange transportation home for the youth.

|                                    |                           |                       |               |
|------------------------------------|---------------------------|-----------------------|---------------|
| _____<br>Parent/Guardian Signature | _____<br>Youth Signature* | _____<br>Program Year | _____<br>Date |
| _____<br>Parent/Guardian Signature | _____<br>Youth Signature* | _____<br>Program Year | _____<br>Date |
| _____<br>Parent/Guardian Signature | _____<br>Youth Signature* | _____<br>Program Year | _____<br>Date |
| _____<br>Parent/Guardian Signature | _____<br>Youth Signature* | _____<br>Program Year | _____<br>Date |
| _____<br>Parent/Guardian Signature | _____<br>Youth Signature* | _____<br>Program Year | _____<br>Date |

\*If 5th grade or older