

St. John's United Church of Christ

Permission to Participate in Youth Programming

Participants Given Name (Please print)

Address

City

State

Zip

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()

()

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

☐ Be a group leader

☐ Teach a skill or craft

☐ Help at meetings

☐ Serve as a volunteer, in what way:

☐ Drive for an offsite activity

☐ 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.

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PERMISSION TO PARTICIPATE IN PROGRAMMING

Parent/Guardian Signature	Program Year	Date
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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.

Parent/Guardian Signature	Youth Signature*	Program Year	Date
Parent/Guardian Signature	Youth Signature*	Program Year	Date
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Parent/Guardian Signature	Youth Signature*	Program Year	Date
Parent/Guardian Signature	Youth Signature*	Program Year	Date

*If 5th grade or older