

Youth Participant's Information:

First Name: _____ Middle Initial: _____ Last Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Contact Number: _____ Birthday: _____ T-Shirt Size: _____
E-Mail Address: _____ Church Attendance: _____ Gender: _____

Guardian's Information:

First Name: _____ Last Name: _____ E-Mail: _____
Church Attendance: _____ Contact Number: _____

Event Leader/Chaperone: (For Leader or Chaperone ONLY)

First Name: _____ Last Name: _____ E-Mail: _____
Church Attendance: _____ Contact Number: _____ T-Shirt Size: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Number in Your Group: _____

Youth's Medical Information:

MEDICAL TREATMENT INFORMATION: I authorize an adult, in whose care the minor has been entrusted to, consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Medical Insurance: YES / NO Allergies/Medical Conditions: YES / NO
Permission to Give Tylenol? YES / NO
Insurance Company: _____ Policy/Group#: _____
Explain Allergies/Medical Conditions: _____ Dietary Restrictions: _____

Emergency Contact: (In the event of an emergency, please contact)

First Name: _____ Last Name: _____
Primary Phone Number: _____ Secondary Phone Number: _____

Please list any medications your child will need to take during the retreat and how often they need to be taken. Medications should be given to retreat staff upon arrival and an adult will maintain your child's medications schedule.

Medications: _____ Instructions: _____
Medications: _____ Instructions: _____
Medications: _____ Instructions: _____

ANY ADDITIONAL MEDICATIONS, INSTRUCTION, AND INFORMATION:

Participant's Parent Consent & Liability Release Information:

The undersigned does hereby give permission for our child to attend and participate in "Branching Out!", an Eastern Shore Youth Ministry Retreat, Friday, March 31st, 2017 at 6 pm through Sunday April 2nd, 2017 at 10 am. This event is sponsored by the Eastern Shore District and Virginia Conference of the United Methodist Church.

LIABILITY RELEASE:

In consideration of The Virginia Conference allowing the participant to participate in children or youth ministry activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless The Virginia Conference, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant while involved in the children/youth activities. I the parent(s) or legal guardian(s) of this participant hereby grant our (my) permission for the participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto. I the parent or guardian give permission for the use of pictures or videos that are taken to promote the ministry for future events. I understand that the pictures and or video could be placed on Occohannock on the Bay's website, facebook page, and promotional CD/DVD

EARLY RETURN HOME POLICY:

Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION:

The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by The Virginia Conference. My child/youth and I understand that SEAT BELTS SHALL BE WORN ALWAYS during transportation.

Youth Covenant of Conduct:

During the meetings and events under the sponsorship and guidance of the Virginia Conference, I recognize that I am a representative of the Christian Community and I am responsible for my actions. I understand that by signing this Covenant, I agree to abide by the following guidelines:

I Shall:

1. Recognize that everyone in the group is a part of the body of Christ. I will embrace inclusiveness by making sure that everyone feels welcome and important.
2. Respect the physical and emotional well-being of others by “doing unto them as I would have them do unto me.” (This includes refraining from harsh play or violence, refraining from harmful jokes, respecting the need for sleep, etc.)
3. Respect the health of my own body by refraining from the use of tobacco, alcohol, and illegal drugs. I understand that the use of these substances is absolutely prohibited.
4. Respect the things I use and the property of places I visit. The areas used for all events, including transportation, shall be left clean. Participate fully in ALL scheduled group activities and abide by additional group guidelines made during Annual Conference.
5. Act appropriately with members of the opposite sex. This means no couples alone at any time, and no public displays of affection.
6. Follow all instructions given by group leaders and chaperones without protest. (This does not mean an instruction may not be politely and discretely questioned if it seems unreasonable).
7. Stay within the group or assigned sub-group always. I will not wander off alone or leave the activity site unless granted permission by an adult, and I will report for all designated check-in times.
8. Hold safety in the highest regard and refrain from compromising my own safety or another's safety.
9. Provide a trusting environment for my peers. When others share something about themselves in a group discussion, I will not repeat that information to other friends outside of the group.
10. I shall leave all cell phones, tablets, and other electronic either at home or cabin and will only come out when allowed.

Guidelines for Consequences:

Consequences will focus on restoring peace with reconciliation among the parties involved. The goal of resolving each problem will be growth and learning through repentance and forgiveness. Any problems encountered will be handled within the group and by the adult leaders to the extent that this is possible. However, should a situation persist or become uncontrollable, the parent/ guardian will be contacted and informed of the problem. Should the situation be urgent, the parent/ guardian will be contacted immediately and will be responsible for picking up the youth from an event or providing for his/her transportation home.

Child/Youth and Parent/Guardian Signature:

In signing this covenant, I vow that I have read and understand these guidelines. I recognize that a covenant is a binding promise, and my signature is testimony that I agree to adhere to the provisions of this covenant.

GUARDIAN'S SIGNATURE: (IF MINOR IS UNDER 18) _____ DATE: _____
YOUTH'S SIGNATURE: _____ DATE: _____